BIBLIOTHECA MEDICA CANADIANA

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INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillant dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

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INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of **Bibliotheca Medica Canadiana** welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted **in duplicate** and the author should retain one copy. Contributions should be **typed double-spaced** and **should not exceed six pages or 2100 words.** Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la **Bibliotheca Medica Canadiana** sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis **en deux exemplaires** et l'auteur devrait en garder une copie. Les articles devraient être **dactylographiés à double interligne et ne devraient pas dépasser six pages ou 2100 mots.** Prière de numéroter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'ortographe se conformera à celle du **Robert**; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

REFERENCES

Toute référence devrait être citée selon le style dit de Vancouver; voir le **Journal de l'Association médicale canadienne** 1985;132:401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWSGATHERING FORM

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

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HONOURS? What
AWARDS? When
Where

PROMOTIONS? Who
MOVES? From
RESIGNATIONS? To
When

SEMINARS? What
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Where

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BOOK REVIEWS? Where
Citation

ACQUISITIONS? What
GIFTS? Why
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TRIPS? Who
LECTURES? Where
VISITORS? When
Why

From:

To:
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BIBLIOTHECA MEDICA CANADIANA

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FROM THE EDITORS

BMC has moved again - to a Health Unit in Chatham, Ontario. This issue of **BMC** marks my debut as editor. I would like to thank **Jill Faubert** for all of her time and effort in producing the last 4 issues and for training me in the inner workings of **BMC**. I would also like to welcome my Assistant Editor **Peter Schoenberg** from the Glenrose Rehabilitation Centre in Edmonton and **Yolande McArthur** as the new **BMC** translator (See **News and Notes - People on the Move).**

This issue is filled with papers from the 15th Annual Meeting of **CHLA/ABSC** in June in Hamilton, Ontario. This was the first Conference that I had attended and it was excellent in all respects. I would like to thank those who submitted their presentations for publication so that members unable to attend the Conference can also benefit. The response was so great that two more Conference presentations will be published in the next issue and another will be published as a Fact Sheet at a later date. Inserted in this issue of **BMC** is a Fact Sheet written by **Joanne Marshall** to accompany her study on **The impact of the hospital library on clinical decision-making** (Fact Sheet is also input directly into **BMC**). This issue of **BMC** also includes a call for papers from the organizers of the 16th Annual Meeting in Winnipeg - "Worlds to Explore".

As volume 13 of **BMC** is produced, the editors and the **CHLA/ABSC** Board will be working on changes to our journal. Please forward any input concerning the journal cover, manner of presentation or other aspects of **BMC** to help us establish 'the new look'.

Diane Jewkes
Editor

Kent-Chatham Health Unit
Chatham, Ontario

A WORD FROM THE PRESIDENT

Ada Ducas
Head, Sciences Library
University of Manitoba
Winnipeg, Manitoba

Dear Colleagues,

I recently returned from my summer vacation, and am now getting ready for the flurry of activity that usually occurs in the fall. While on vacation, I tried very hard not to think of the financial constraints that are facing most of us today. Though the beauty of Lake Louisa (Quebec) helped my forget, the daily newscasts reminded me of the tough times that most Canadians are facing. While I don't intend on discussing the poor economy in all of my columns, I would like to say a few words here. By the time you read this, many of you will be in the midst of preparing your budgets for next year, and will probably be wondering how you are going to cope.

Financial woes have been the main focus of many newspaper articles. However, another topic that seems to be getting a fair amount of press is the issue of "sustainability". Most of us have heard of sustainable development and think of it as a way of minimizing resource depletion. Sustainable development has been defined as "economic development that can continue indefinitely because it is based on the exploitation of renewable resources and causes insufficient environmental damage for this to pose an eventual limit".[1] What relationship does sustainable development have with librarianship? Librarians can adapt the basic premises of sustainable development to start practising "sustainable librarianship".

The special function that libraries play in society necessitates that all efforts be made to enable them to survive and thrive. While most libraries are surviving,very few are thriving. Most are happy just to be able to keep the status quo. How can we ensure that libraries are sustained and can flourish? Money is not the only answer.

Sustainability in today's economic climate means looking at networking and resource sharing in a very serious way. Not paying lip service to those buzz-words, but actually putting systems in place that will ensure that information is accessible to as many people as possible. Some initiatives have already been undertaken in this direction. It will be interesting to hear how the Health Sciences Information Consortium of Toronto is progressing, whether it has met the original goals, and whether it can be used as a model for other groups to follow.

Sustainable development is based on renewable resources. Sustainable librarianship must ensure that the resources that we currently own are taken care of. Precious funds should not be spent replacing

previously purchased material. Preservation initiatives should be standard practice in all libraries. Initiatives need not be large to make a difference. Binding journals and shelving them correctly will ensure that they will have a much longer shelf span time than if they had been left unbound. Large programs such as the deacidification program that the Eisenhower Library at Johns Hopkins is starting (**Nature** June 1991; 351 (6): 429) will ensure that large resource collections are saved for everyone. As few resources as possible should be spent replacing what is already owned.

Sustainable librarianship requires that librarians take a proactive stance in managing their collections. Collection development policies, reflecting the mission of the institution, must be in place. Material purchased must reflect these policies, and should have been positively reviewed by experts in the field. Librarians must be increasingly selective in what they are purchasing. When processing and cataloguing costs are added to each title that is added to the collection, the investment in each book is significant indeed.

Sustainable librarianship means good management. Management of time, human resources, financial resources, and management of the technology that is continuously changing the way we work. Most librarians spend a great deal of their time "managing". It is essential that they acquire managerial skills that will help them cope with the complexity of their jobs.

Sustainable librarianship means evaluating the work that we produce. Libraries cannot survive in a vacuum. They are there to meet the information needs of a specific clientele. It is essential that studies be carried out to measure whether libraries are achieving their stated goals, and whether their library clients are satisfied with the products that they are receiving. The Systems Model is one conceptual model that has been used in measuring library outputs. In order to make informed decisions librarians need to know that they are headed in the right direction. The answers lie in user surveys, satisfaction questionnaires, collection use studies, and material availability studies etc. Though the thought of doing evaluations usually sends shudders through people, the results of such studies can yield data that can be used to show how libraries make a difference. **Joanne Marshall's** study on the impact of information on clinical decision-making confirmed our value to clinicians. Librarians should not be scared to evaluate their services, for it is only through evaluation that we can confirm the positive impact we have on our clients' work, or obtain data that tells us where we need to improve.

Librarians should develop their libraries as sustainable institutions. By doing so we will ensure that our libraries survive and thrive.

(1) Allaby, Michael. **Dictionary of the environment**. 3rd ed. N.Y.: New York University Press, 1989 p.374.

UN MOT DE LA PRESIDENTE

Ada Ducas
Head, Sciences Library
University of Manitoba
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Chers/Chères collègues,

Je suis revenue récemment de mes vacances d'été et je me prépare maintenant à la rafale d'activité qui arrive souvent enautomne. Au cours de mes vacances, je me suis efforcée de ne pas penser aux contraintes financières auxquelles nous devons tous faire face aujourd'hui. Bien que la beauté du Lac Louisa (Québec) m'a aidé à oublier, les bulletins d'information journaliers m'ont rappelé les temps pénibles auxquels doivent faire face la plupart des canadiens. Tout en n'ayant pas l'intention de débattre la question de la faiblesse économique dans chacune de mes colonnes, j'aimerais en parler un peu ici. Au moment ou vous lirez ceci, plusieurs parmi vous serez en train de préparer votre budget pour l'an prochain, et vous vous demandez sans doute comment vous allez en venir à bout.

Les troubles financiers ont été le point de plusieurs articles de journaux, il y a toutefois un autre sujet qui semble recevoir l'attention de la presse, il s'agit de la question de "durabilité". La plupart d'entre nous avons entendu parler de développement durable et nous y voyons un moyen de réduire au minimum l'épuisement des ressources. On a défini de développement durable comme étant un "développement économique qui peut continuer indéfiniment parce qu'il est fondé sur l'exploitation de ressources renouvelables et que les dommages environnementaux qui en découlent ne sont pas suffisants pour imposer éventuellement une limite".[1] Quel rapport y-a-t-il entre le développement durable et la bibliothéconomie? Les bibliothèques peuvent adapter les premisses de base du développement durable à la pratique de la bibliothéconomie durable.

Les bibliothèques remplissent des fonctions spéciales dans la société, et on doit s'assurer que tous les efforts seront faits pour leur permettre de survivre et de se développer. Même si la plupart des bibliothèques parviennent à survivre, très peu réussissent à se développer. Elles sont satisfaites si elles peuvent garder le status quo. Comment peut-on assurer la durabilité et l'épanouissement des bibliothèques? Il ne s'agit pas seulement d'argent.

Vu le climat économique qui existe de nos jours, "durabilité" signifie qu'il faudra faire un effort sérieux vers la gestion de réseau et le partage des ressources, ce qui

veut dire qu'il ne faut pas servir seulement en paroles ces mots en vogue, mais de fait, il faut mettre en place des systèmes qui assureront l'accessibilité de l'information à un plus grand nombre de gens. On a déjà pris quelques initiatives dans ce sens. Il sera intéressant de suivre les progrès du Consortium des Centres d'Information des Sciences de la Santé de Toronto, et de voir s'il réussira ses objectifs et s'il pourra être utilisé comme modèle par d'autres groupes.

Le développement durables est fondé sur les ressources renouvelables. La bibliothéconomie durable doit assurer que nous prenons soin des ressources déjà en notre possession. On ne devrait pas employer des fonds précieux pour remplacer le matériel acheté auparavant. Des initiatives de préservation devraient être la norme dans toutes les bibliothèques. On n'a pas besoin de grandes initiatives pour faire une différence. Les périodiques qui sont reliés et classés sur les étagères, auront une durée de vie beaucoup plus longue que s'ils ne sont pas reliés. De grands programmes comme celui de la déacidification commencé par la bibliothèque Eisenhower à Johns Hopkins (**Nature** 351; June 6: 429) assurera que des collections de ressources importantes seront sauvegardées pour tous. On devrait dépenser le moins possible pour remplacer ce qu'on possède déjà.

La bibliothéconomie durable demande que les bibliothécaires prennent une position proactive dans la gestion de leurs collections. On doit mettre en place des politiques de développement des collections qui reflètent la mission de l'institution. Le matériel acquis doit refléter ces politiques, et doit avoir été revu positivement par des spécialistes sur ce sujet. Les bibliothécaires doivent être de plus en plus sélectives dans leurs achats. Lorsqu'on considère que pour chaque nouveau titre ajouté à la collection, il faut calculer les frais nécessaires pour apprêter et cataloguer chacun de ces livres, l'investissement pour chaque livre est vraiment significatif.

La bibliothéconomie implique une bonne gestion. Gestion du temps, des ressources humaines et financières et gestion de la technologie qui change continuellement notre façon de travailler. La plupart des bibliothécaires passent une bonne partie de leur temps comme "gestionnaire", il est donc essentiel qu'ils/elles acquièrent des aptitudes propres à la gestion qui les aideront à faire face à la complexité de leur travail.

La bibliothéconomie durable demande l'évaluation du travail qu'on produit. Les bibliothèques ne peuvent pas survivre dans un vacuum. Elles existent pour répondre aux besoins d'une clientèle spécifique. Il est essentiel d'effectuer des études pour évaluer si les bibliothèques atteignent leurs objectifs tels que spécifiés, et si leurs clients sont satisfaits du produit qu'ils reçoivent. Le "System Model" est un modèle conceptuel qu'on emploie pour mesurer le rendement des bibliothèques. Afin de prendre des décisions bien renseignées, les bibliothécaires doivent savoir qu'ils/elles vont dans la bonne direction. On trouve les réponses grâce aux sondages des usagers, des questionnaires qui démontrent le degré de satisfaction, des études sur l'usage des collection, la disponibilité du matériel, etc. Quoique l'idée de conduire des évaluations fasse frissonner bien des gens, ces études donnent des résultats qui fournissent des données pouvant démontrer à quel point les

bibliothèques font une différence. L'étude conduite par **Joanne Marshall** sur l'impact de l'information parmi ceux qui prennent des décisions en clinique, a confirmé notre importance pour les cliniciens. Les bibliothécaires ne devraient pas avoir peur d'évaluer leurs services, car c'est seulement à l'aide de ces évaluations qu'on peut confirmer notre impact positif sur le travail de nos clients, ou obtenir des données qui nous aideront à déterminer les améliorations nécessaires.

Les bibliothécaires devraient développer leurs bibliothèques commes des institutions durables. De cettes façon, on assurera que nos bibliothèques survivront et se développeront.

(1) Allaby, Michael. **Dictionary of the environment.** 3rd ed. N.Y.: New York University Press, 1989: 374.

Translated by: **Yolande McArthur**

CONTINUING EDUCATION

ON TEACHING

Linda Wilcox

Director
Shared Library Services
Exeter, Ontario

How do you describe an "excellent teacher"? The following column is written by a Memorial University of Newfoundland professor who won their "Distinguished Teaching Award". His thoughts on teaching may provide you with some excellent ideas for teaching library skills to your patrons.

ON TEACHING *

Alex Faseruk

Faculty of Business Administration
Memorial University of Newfoundland

I have always believed that a successful teaching strategy must be tempered by a great many factors, including the type of class (lecture vs. seminar), its size (small personal contact vs. the mass market approach), the time of day (morning vs. evening), the level of student (undergraduate vs. graduate, full-time vs. part-time), the nature of the material being presented (qualitative/subjective vs. quantitative/objective), and last (but not least) the strengths/weaknesses of the instructor who is presenting the material. In short, I feel that one teaching style cannot fit all situations. Pragmatism and flexibility within any teaching style are essential. A perfect professor, however, does not exist. All of us have traits which are admirable, and limitations which might not be easily overcome. Overall, I think that we must maintain high standards while developing minds capable of asking demanding questions.

I remember one former colleague arguing that effective teaching was easy, suggesting that everyone could be a good teacher. He contended that we should think of the poor teachers we have had. We should bring to mind points which we do not like in those instructors and avoid doing these things. This purgative strategy would hardly be effective. The absence of a negative does not necessarily imply a positive. At the very least, we could also think of those instructors whom we liked, and attempt to imitate their behaviour. However, it does not follow that because one former instructor had positive elements, we will be successful in trying to emulate those effective attributes. Personally, I have been able to draw on positive elements from poor instructors, while rejecting points from my own role models. Overall, I believe that it is important for us to set highly specific goals and objectives for teaching. These goals and objectives must be feasible and should facilitate not only the students' quest for knowledge but also our own professional development. The following discussion contains many points which I have found successful over the years. Hopefully, readers might find some of the comments useful. I fully

* Reprinted with permission from **Teaching and Learning Newsletter**, Memorial University of Newfoundland, 1990 Feb; 5(6).

expect disagreement with some of the points, given that I have already argued that a perfect instructor does not exist.

I would wish to credit the first point to **Dr. James Leith** who instructed me in introductory history at Queen's. His point was that, although he had taught his course probably thirty times, it was nonetheless our first exposure to the material. What could have been boring, old and unimaginative to him was very new and perhaps foreign to us. He admitted, after the course was over, that he continually struggled with ways to make his course fresh and invigorating. The majority of his lectures were not only informative but very well presented. I am not advocating that we entertain students, but that we can impart enthusiasm and some love of our discipline in the conveyance of material.

In trying to demonstrate how good we are externally, it is important internally to offer challenging and motivating courses to the students. If everyone receives an "A" in the course which we are teaching, we really have not done our job correctly. Our course standards must always be rigorous, but the course goals must be attainable with a reasonable amount of work and dedication on the part of the students. Conversely, everyone failing the course demonstrates again that we have not done our job correctly. In teaching courses, I do not mind exposing the students to a certain degree of stress. I would caution instructors to be reasonable, do things fairly, and even in a friendly way. However, one must also be prepared to say no. The experienced professor learns, very quickly, saying yes to one student generally means being expected to say yes to every student.

In conducting classes, I have always believed in maintaining a certain level of stress as well. **Dr. Cecil Dipchand**, one of my graduate school professors at Dalhousie, instilled in me the belief that being a student is more than warming a seat in the classroom and being a stenographer. From **Dr. Dipchand**, I picked up the most common way in which I conduct a class. I refer to this technique as dialogue lecturing. The human mind can only absorb so many facts within a given time period if one continually lectures "at" the students. By lecturing "with" the students' participation, and using leading questions, the students learn to gather information themselves, and to see the logical flow of the material. Along the way, many questions will be answered incorrectly; however, an incorrect answer is essential to the education process, just as the presence of pain is to the physician in diagnosis. Once a question is answered incorrectly, a whole new series of questions can then be asked to arrive at a better answer.

In questioning, it is also important to demonstrate that a correct answer in all situations does not exist. In lecturing, I always try to make students understand the logic of the discipline and then to have them apply the conceptual material which has just been acquired. Generally, we are able to reach a "correct" answer. The next step is then to begin to change some of the parameters or boundaries in order to show that the "correct" answer is plausible only under a specific environment. Once the environment is changed, the answer may change. I always believe in outlining the basic case first, and then building upwards from this specific point of departure. Well learnt basic previous knowledge makes the acquisition of future complex knowledge possible.

The previous knowledge might be linked together by some common elements, which I believe is the function of theory and model building. I generally find that theories and models are the least understood part of academia. Many times theories are relegated too quickly to the dimension of the obscure, untestable and impractical. I feel that many of these attacks are untenable. Professors can gain greatly by integrating theories into courses to enhance practical applications. Moreover, I fully believe that the most effective practical tool is a good theory.

By definition, theories/models exist to explain reality. In order to codify knowledge, it is necessary to make assumptions about the reality. In explaining to students the concept of a model, I have often used the idea of a map. A map works under the seemingly very restrictive assumption that one can ignore one-third of all reality, specifically that only width and length are important at the expense of height. Maps also leave out a great deal more. They do not specify every blade of grass, colours of buildings, or the climatic conditions which one will encounter while using a map. Yet, if people know how to use the map they are aware of routes from point A to point B. Many times I relate to **Milton Friedman's** observation that a model should not be criticized on the basis of its assumptions but rather by how well it works.

I would also suggest that there is a hierarchy in appreciating the levels of knowledge. My typology of the levels of knowledge is:

theory
↓
applied
↓
practical

Many instructors may wish to skip the theory, and go directly to showing the students "how" to do something. This approach may be undertaken by instructors who wish to avoid the difficulty of explaining theories, or by instructors not fully familiar with the nuances of the theory. If this path is followed, we are greatly limiting our students by building in obsolescence to their knowledge. The element most susceptible to change is "how" to do something. The world is becoming more complex, with change being a common fact of life. If we fail to explain "why" something works, students will quickly notice that their knowledge becomes obsolete. If, however, they understand "why", they can acquire new knowledge more readily in the future. I have also found that people who only know "how" to do things tend to be narrow-minded and highly resistant to change. Generally, explaining "why" something works is much more difficult, but the long-term benefits to the students are much greater.

In teaching classes, I have also used much of the available technology. In the past year, I have given classes computer assignments using the latest software and databases. I have made up overheads using word processing and graphic packages. I have even gone so far as to use the Magnabyte II image processing system which allows me to show the display of a computer terminal simultaneously on an overhead screen. Despite all the latest

technology which I have used, I still owe my outlook to a philosophy which is more than 2000 years old. I have found the Socratic method to be a highly effective way of imparting knowledge. My basic approach, tying in with my dialogue lecturing style, is that of Socratic argument and contradiction. As soon as one point is established, we now have the ability to go beyond that point. Through the imposition of a dialectic approach, the student will learn to acquire more knowledge by themselves. We cannot teach our students for today, but must instruct them for tomorrow. The technology of today helps the knowledge to flow to the students in a more effective manner, but I feel that the tenets of an antediluvian method of instruction are still as valid today as they were when first developed.

Lastly, I would wish to say that an argument/contradiction-based method of instruction has its limitations. In constructing arguments and looking for contradictions, there is always the danger of sophistry creeping in, whose false logic the instructor must always be prepared to demonstrate. The other point is the question of how far one lets the questioning go. Personally, I have always believed that everything must be questioned (including myself). A danger here is that an image of contumacy may arise (I am sure that the deans under whom I have worked believed that at times I was guilty of this). However, the instructor should be guided by the curriculum, and the nature of the class, in determining how far this should be allowed to continue. On this note, I will conclude with the points with which I started this discourse. I believe that pragmatism, flexibility, and questioning are our most important tools for successful teaching.

USER SATISFACTION WITH THE SYDNEY-ONLINE PUBLIC ACCESS CATALOGUE AT THE MICHENER INSTITUTE LIBRARY: SURVEY RESULTS

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Any study of user satisfaction invariably involves the checking and counter checking of perspectives. Thus, the impetus for this study arose from my own expectations of user interactions with the public online access catalogue (OPAC) at the Michener Institute library. In a nutshell, my assumptions about users had been based on what seemed to me a reasonable premise, namely given the academic programs at the Institute, some of which are radiography, respiratory therapy, nuclear medicine, cardiovascular perfusion and echocardiography, I expected that users would have a natural affinity to any technology. Moreover, given the demographic nature of the student body, which had a mean age of 27 years, 28 % of whom had a university degree, another 8 % had a college diploma and several were even foreign trained M.D.s, I also expected a generally self-reliant group of users. However, experience did not match these expectations; in fact, most users demand repeated one-on-one assistance with the OPAC. Indeed, frustrated with learning the system, many users eventually resort to shelf browsing. From a public relations point of view as well as from the perspective of the cost of staff time, intervening strategies had to be worked out. But the precise nature of users' difficulties needed to be established.

This study was also undertaken to be able to influence the system developer, International Library Systems (ILS), into making certain modifications in the planned re-design of the SYDNEY library system. For, in September, 1989 in **Library HiTech News, Ron Aspe,** ILS President, announced "...an aggressive program of enhancements to ensure that this product remains the Mercedes of library systems".[1] Since the existing literature sheds very little light on how public users take to SYDNEY, I felt that the time for a user satisfaction study was opportune.[2,3]

THE OPAC INTERFACE

The SYDNEY-OPAC user interface is composed of menu choice, function key selection, and what I term as a series of embedded, and often unintended, assumptions, the knowledge of which is necessary for interaction with the system. The menu choice component is the most user friendly method of access. A list of search choices is shown in the central area of the screen. The correct choice is selected by typing a number indicated in the menu list. This method is the easiest to use because it is most nearly transparent; that is, display and choice correspond directly. Commands need not be remembered other than the additional step of striking the command key after a menu selection has been made.

*This paper was presented at the 15th annual meeting of **CHLA/ABSC** June 15-19,1991 in Hamilton, Ontario.

Function key access is closely bound up with menu choice: running directly underneath the main menu display is a segmented band or slots. Each of these slots houses a different function key command. While these function key commands are straight forward, this system does pre-suppose a knowledge of keyboard layout. There is a further complicating factor to the function key commands. While the menu selections remain constant, the function key notations change frequently. That is, the function slots may either contain a notation, or they may be blank. Moreover, function key selections may alternatively appear and disappear. In short, visual clues can be very confusing.

The SYDNEY system does not permit command line access. However, to use the system successfully it is necessary to be aware of and recall a number of various assumptions that are embedded in the system. Some of these embedded assumptions result from the screen display. One of the most important visual clues from the screen display is the blinking cursor. Unfortunately, the blinking cursor as a message can mean either that the system is ready to receive a command, or it can mean that the system is responding to some command.

The second, and perhaps most significant embedded assumption, is the assumption that users intuitively grasp the distinction between the Boolean 'and' and the Boolean 'or'. This is almost universally unwarranted.

Thirdly, there are some systematic features that are revealed only obliquely through trial and error. As such, prior knowledge or an intuitive sense of how online catalogues work are systemic assumptions. For example, features such as truncated searching by root words are accessible only by trial and error or by intuition. Similarly, during a search for a series title, the system prompt for series number can be overridden if the number is not known by simply hitting the enter key or even by striking the F1 function key. Moreover, in a search by call number, a range of numbers can be retrieved by the substitution of question marks in their place.

Fourthly, the system assumes that the user will intuitively understand why a search for a subject involves two separate and distinct steps; namely first for a search for a searchable term in the authorities file, and then secondly a separate search for records linked to the subject term. That such search strategies are not necessarily intuitively knowable by the lay user is only compounded by the fact that a title search leads directly to a search for linked records.

In short, while the OPAC interface is built both upon a menu driven and function key command system, the experience of using the OPAC is anything but machine-like and predictable. From a phenomenological point of view, the user's interaction with the OPAC involves perspectives that shift between menu choice, function key access, and access by various embedded assumptions. To some users, the experience appears at times to be arbitrary.

METHODOLOGY

The survey instrument is a four page, fifteen item questionnaire, adapted from the QUIS (Questionnaire on User Satisfaction)

by **Professor Joan Cherry** at the University of Toronto Faculty of Library and Information Science.[4] After having pre-tested the questionnaire at the University of Toronto Library, **Professor Cherry** led a comparative study of user satisfaction with OPACs at five Ontario academic libraries. Initially the Michener Institute data was to be included in the larger study, but because our sample size was too small, our findings will in fact not be included.[5] The questionnaire was administered during an eight week period between March 9, 1990, and April 27, 1990. The Michener Institute library staff who administered the questionnaire adhered strictly to written guidelines set by **Professor Cherry**. The most notable of these was to survey only users who had used the system at least once. Thus, in fact, up to a quarter of all library users approached for the survey had to be excluded on this basis, which obviously contributed to the problem of adequate sample size.

PROFILE OF PARTICIPANTS

At the time of the study, there were 1,336 users registered on the system. Users break down as follows:

Students	42 %
Outside borrowers	33 %
Staff	20 %
Continuing education students	5 %

It should be noted that the group designated as "staff" includes teaching, administrative, and support staff. Moreover, the group denoted as students is defined as all first and second year students as well as post-diploma students. In fact, of the 760 students in this group a very large segment, 490, are second year and post-diploma students who spend a significant amount or nearly all their time at the affiliated teaching hospitals. It was nearly impossible to include very many from this group in the survey. Thus, respondents are to an overwhelming degree first year students, further compounding the problem of a lack of representative sampling. Obviously, the sample size in portion to the overall user population is small; in fact barely over 10 %. Participation rate by group is:

Undergraduate	66.4 %
Faculty	20.5 %
Graduate	6.8 %
Other	4.1 %
University staff	2.1 %

It is also noteworthy that among the user group designated as "staff" only the faculty responded to the survey; they are 20.5 % of all respondents.

One of the most surprising results of the study is the relatively low rate of system use. Considering that the survey was conducted well into the seventh month of the academic year, it is surprising that an overwhelming percentage of respondents report that they have used the system only between one and ten times. These figures must be seen within the context of the academic program, which runs to the end of June. In fact, library use tends to be the heaviest in May and early June when traditionally students write papers and do special projects involving library research. Nevertheless the

typical respondent used the system about once a month as the following breakdown shows:

Never	3.4 %
1 to 10	66.9 %
11 to 20	16.6 %
21 to 30	8.3 %
31 to 40	0.7 %
More than 40	4.1 %

Another unexpected finding is the number of respondents who have used other OPACs, or who have used other computer software. Indeed 49.3 % of respondents have used other OPACs, which in turn is a testimony to the prevalence of OPACs. In a similar vein, 26.7 % of respondents own a computer and 56.8 % have used either an electronic spreadsheet or wordprocessor. Interestingly enough, even before the library acquired MEDLINE on CD-ROM, already 8.9 % of respondents reported using a CD-ROM system. On the whole, these figures indicate that half of all respondents have either used an OPAC or other computer software. However, if one juxtaposes the low OPAC use rates with other data representing computer ownership and use of software, one reaches the same conclusion as **Thomas A. Peters** does in his study. In his study of OPAC failure rates, **Peters** notes, "It is amazing that some OPAC users willingly spend hours learning the intricacies of software they want to use on their personal computers, but they grow impatient learning the basic commands and structure of an online catalog at the library".[6]

DISCUSSION

Overall, the satisfaction levels with the OPAC are moderate (see Figure entitled "User satisfaction"). Given a user satisfaction rating scale from a low of zero to a high of nine, most respondents registered values within the mid-range, thus suggesting a generally muted acceptance of the OPAC. For example, the general reaction score is 4.4, and the overall satisfaction rating is only slightly above average at 5.2. Considering low usage, even this level of response is surprising. Stretched between polar emotional ranges of "terrible/wonderful", users come down squarely at the mid-point of 4.6. The lowest rating, significantly enough, is in response to the "frustrating/satisfying" query. The second lowest score of 4.1 is for the question about inexperienced user's needs.

Survey questions more specifically geared towards interaction with the system also elicited ratings within the mid-range. As previously noted, users tend to find learning the system least satisfying. Satisfaction with learning by trial and error receives a response of 4.3. Similarly, satisfaction with error messages (4.3) and text of help screens (4.7) evoke a decidedly neutral response. In terms of learning the system, one response is puzzling. Since at the time of the survey printed user aids had not been developed, it is surprising to see that the query about brochures and printed aids did receive a satisfactory rating of 4.4. Considering the overall low levels of system use, the phenomenon of lapsing memory may account for this response.

When users start to react to the more technological components of the system interface, their satisfaction levels increase. For example, the question about characters on the screen receives a satisfaction rating of 7.1. Similarly, the position of the message on the screen is given a score of 6.2

whereas overall satisfaction with screen display is 6.0. However, when asked to respond to the communicative aspects of these technical features, users' satisfaction levels drop slightly. Thus, the organization of information on the screen merits a rating of 5.5, and terms used throughout the system gets 5.4. Along this line, the response to the question about help text on screens approaches the middle range levels as noted previously. The higher level communication functions such as remembering and using commands and messages that prompt the user for input receive only slightly above the mid-point ratings of 5.2 and 5.3, respectively.

What, then, are the few refreshing high points for the user? Two points seem overwhelmingly clear: users are very enthusiastic about the management of equipment and using the library staff as intermediaries. For example, high ratings are given to location of terminals (7.6); number of terminals (6.1); equipment reliability (6.4); and overall access to the system (6.8). It seems that users are after all sensitive to the purely technical aspects of the OPAC. As these are library management issues rather than system features, it appears that the library has an important function with respect to system acceptance. This observation is further borne out by another high note: 63 % of respondents report that they use the library staff to learn the system (see Figure entitled "Percentage of respondents who reported using each method of learning"). This response exceeds levels for any other mode of learning preference, including formal instruction which merited only a 8.2 % rating. Incidentally, all incoming students receive formal instruction on how to use the OPAC. In short, users seem to value trouble free physical access to the OPAC just as much as they value one-on-one guidance in system learning.

CONCLUSION

In conclusion, users generally report moderate satisfaction levels with the SYDNEY-OPAC, whose interface combines features of a menu driven system, use of key functions and command-like functions predicated upon several different unintentional assumptions. The experience of using this interface is, therefore, necessarily dynamic and involves a shifting perspective among the three. It comes as no surprise that users reported dissatisfaction with learning the system and with system communication functions such as understanding error messages. One surprising finding was the low rate of usage. It was not, however, possible to couple these low rates with any systemic features. Since the heaviest demand for library services tend traditionally to be in May and early June, low OPAC use at the time of the survey is probably tied to such external factors as timing or browsing as a preferred retrieval method. Users did give high ratings to such physical attributes as number of OPAC terminals, access to terminals and screen character display. There are not inconsequential factors as they can be controlled by the library. The library can also facilitate interaction with the system by producing supplemental teaching aids. Indeed, since 63 % of respondents were using the library staff to learn the system, the study clearly pinpoints a need for the development of user aids. In the year since the survey was conducted, such materials have been introduced.

While users tend to be generally satisfied with the SYDNEY-OPAC, they are clearly not very enthusiastic about it. Since our sample size is small and not representative of the total user group, one should be cautious about inferring conclusions. Nevertheless, as the study demonstrates, users are sensitive to technical issues. And significantly enough, many have been exposed to other library systems and even CD-ROM systems. One can only hope that the system developer lives up to the very high levels that he has set for himself in developing the new, enhanced SYDNEY system. Users tend to expect nothing less.

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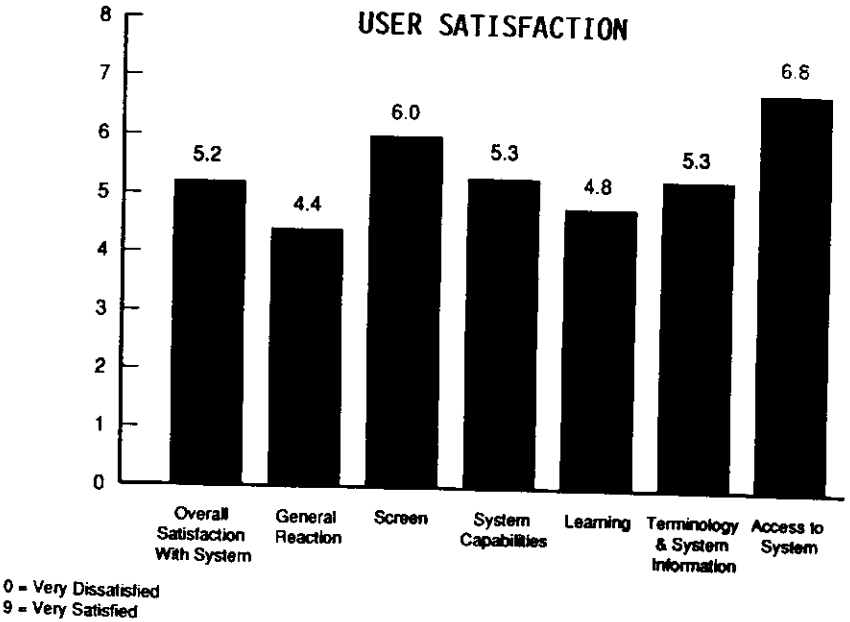
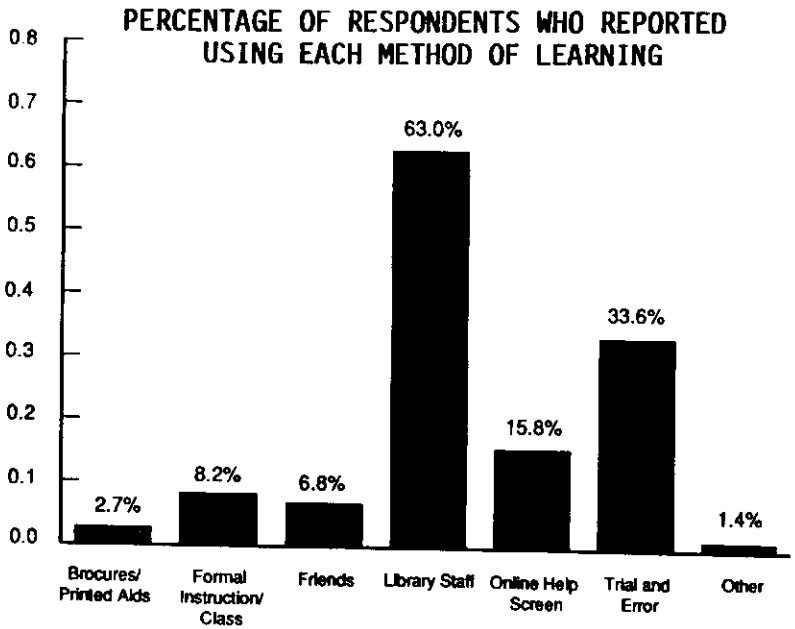

USER SATISFACTION
8
7
6
5
4
3
2
1
0
5.2
4.4
6.0
5.3
4.8
5.3
6.6
Overall Satisfaction With System
General Reaction
Screen
System Capabilities
Learning
Terminology & System Information
Access to System
0 = Very Dissatisfied
9 = Very Satisfied


PERCENTAGE OF RESPONDENTS WHO REPORTED USING EACH METHOD OF LEARNING
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0.0
2.7%
8.2%
6.8%
63.0%
15.8%
33.6%
1.4%
Brocures/ Printed Aids
Formal Instruction/ Class
Friends
Library Staff
Online Help Screen
Trial and Error
Other

INSERVICE RESOURCE CENTRES: PROVIDING EDUCATIONAL MATERIALS TO THE ALBERTA LONG TERM CARE COMMUNITY

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INTRODUCTION

"Long term care is an integrated mix of health, psycho-social, support and maintenance services provided on a prolonged basis ... to individuals whose functional capacities are chronically impaired or at risk of impairment. Care is provided in the least restrictive environment possible. The objective of long-term care is to increase or maintain the level of physical, social and psychological functioning of the individual to his or her maximum potential in order to promote functional independence and improve quality of life ...".[1]

In Alberta, continuing education of staff in long term care facilities has been formally recognized as an important way to assure good quality of life for residents in long term care. An effective inservice program can improve quality of nursing, enhance staff recruitment, improve job satisfaction, decrease staff turnover, and maximize community support and awareness. An inservice program is also necessary for accreditation. Materials and assistance for inservice programs have been made available through the funding of two regional resource centres by the Long Term Care Branch of Alberta Health.

This paper presents a brief history of the development of the Long Term Care Inservice Resource Centres in Alberta, followed by an explanation of the activities of these centres, and a description of the Macintosh integrated library package developed to support these activities.

HISTORY

The Government of Alberta established a Nursing Home Review Panel in April, 1981. The panel found that nursing home residents, staff and the public had a serious concern over the standards of education of staff. Where good inservice training was available, the Panel observed that staff took more interest and received greater job satisfaction. A priority recommendation was therefore presented to the government that structured and continuous inservice training programs be provided for staff in every continuing care facility in the province. Legislation based on this and other recommendations was passed in the fall of 1985. All staff in long term care facilities are obliged to attend inservice sessions on a regular basis to comply with the Nursing Home Act.

INFORMATION NEEDS

Some topics covered at the required inservice sessions are mandatory including

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infection control, fire safety, evacuation of residents, and transferring and lifting techniques. Most long term care staff need and want to be aware of advances not only within their specialty, but in health care generally. Providing a resource centre is one way of encouraging an atmosphere of learning. It enables the sharing of resources and the coordination of institutional programs, encourages the exchange of ideas, and puts users within reach of the health information world beyond the Resource Centre.

In November of 1986, all nursing home staff received needs assessment questionnaires. The five topics most often identified by the respondents were:

1. Aging processes (physical, psychological and social processes of aging)

2. Patient behaviour problems (violence, confusion)

3. Therapies (validation, reality orientation and communication)

4. Diseases of the elderly (symptoms, disease process and special requirements of those suffering Alzheimer's disease, arthritis,cardiovascular disease)

5. Staff and family interaction (e.g.: role of the family in support of the elderly patient)

Based on the results of these questionnaires, and on specific requests in the interim, print and non-print materials were selected and purchased, together with compatible A/V equipment that could be lent out. Abbreviated cataloguing and an abstract for each resource were entered on the database and a printed catalogue sent to mandated users throughout the province.

COORDINATION

Establishing contact with each long term care facility in Alberta required many phone calls and much travelling. In each facility, a staff person, usually a nurse, has been appointed Inservice Coordinator, and the printed resources catalogue is in her care. One hundred ninety four coordinators throughout the province now have a printed catalogue. Any staff member, however, and not only the Inservice Coordinator, is free to borrow materials directly from the Resource Centres.

Inservice coordinators also contribute suggestions to the Resource Centres Manager; so also do members of the Northern and Southern Advisory Committees. These committee members are selected from applicants in each region, and appointed for their familiarity with continuing education in long term care settings.

INSERVICE RESOURCE CENTRES

The Mission Statement for the Resource Centres reads in part as follows:

> ... will encourage and assist inservice staff and other members of agencies providing long term care services to access, assemble, and deliver materials and equipment for the education and training of their staff. The ultimate mission of the provision of information and educational resources is to improve

the quality of care in long term care and to improve the staff morale. The Centres will also support the "inquiring mind", and information needs in relation to research activities as time and resources permit.

The collection:

- 2800 print resources (books,manuals, reports, conference proceedings, information packages)
- 120 journals and 125 newsletter subscriptions
- teaching modules
- conference proceedings
- 1600 videotapes
- audio tapes and Labelle cassettes
- educational games
- kits related to the care of the elderly (feeding, hearing)
- computer-assisted learning programs

Services:

- For mandated users, the provision of a printed catalogue and updates
- Circulation of materials requested from the printed catalogue including equipment compatible with A/V materials
- One or two-day delivery of resources requested (by mail and contracted courier service)
- Interlibrary loans
- Reference services including manual and on-line literature searches (MEDLINE, Health Planning and CAN/OLE)
- Current awareness service
- Consultation on teaching methods and adult education
- Teleconferences

THE PRINTED CATALOGUE

Our users have expressed preference for subject access to the resources, so the body of the printed catalogue is arranged by subject keyword. (A list with cross-references to keywords is also provided.) In a 1990 questionnaire, borrowers told us that they rarely required access by author. For this reason we do not have a printed author index although the author field is searchable on-line at the Resource Centres. A Title Index and Accession Number Index are provided at the end of the printed catalogue. Pages to update the printed catalogue are sent to each of our 200 catalogue holders twice a year.

Additional sections of the catalogue provide an Orientation Manual to guide Inservice Coordinators in orienting new employees, and an Inservice Education Manual detailing how to provide an effective inservice program.

RESOURCE LIBRARIAN

We could not have accomplished what we have to date without our data base management system. This integrated system called the **Resource Librarian** was designed for us by a Calgary company. Although we

use Macintosh PCs, the system is now available for IBM and compatibles. **Resource Librarian** meets our most important requirements by:

- providing a very reliable reserves system (some patrons plan their education programs a whole year in advance)

- providing circulation control. For day-to-day operations a report is generated indicating which items are to be shipped each day and to whom. A notes field allows staff to tag those resources to be picked up at the Centre by users rather than shipped.

- producing the Resource Catalogue which we send out for printing, then distribute to the facilities

- enabling on-line searching by patron (to list reserves, loans, overdues); by name of facility; by resource (title, author, subject keyword, accession number, ISBN or publisher/supplier)

USE OF THE RESOURCE CENTRES

Our circulation statistics for January - July 1991 have been as follows:

Print materials	3287
A/V materials	3596
Other (equipment/games/kits)	259

Placing reserves and circulating materials occupy a full-time library technician. Audiovisual materials are the most popular resources including the Labelle series of 108 nursing and health-related topics. A number of facilities have their own projectors for these, and we also lend projectors. An interactive video program supported by computers is available for loan. These go to the facilities for a three-month period and are booked a year in advance. For example, a 21-module Apple 2E/Beta program produced by the University of Manitoba, and other computer-assisted programs are available on topics such as isolation, infection control, diabetes and physical assessment.

INTERLIBRARY LOANS

Interlibrary loans service (ENVOY 100) is used between the Resource Centre and other health libraries in the province. In the first 7 months of 1991, 272 interlibrary loans were completed.

REFERENCE SERVICE

Manual and on-line searches (MEDLINE and Health Planning) are provided to users whose questions go beyond the scope of the printed catalogue with its abstracts. For patient care, research activities and innovative projects, some 150 literature searches have been completed January through July, 1991. Topics have included teaching the multiple use of disposable syringes to the Home Care patient; the management of aggressive behaviour among long term residents; and planning of special units for demented

patients at a new facility in Edmonton. The turn-around time for literature searches is three weeks.

The Resource Centre at Calgary is fortunate to have access to the catalogue of the University of Calgary Libraries including their Medical Library through Datapac to their DOBIS system.

COOPERATION WITH OTHER AGENCIES

We cooperate at the government level with agencies within Alberta Health such as the Mental Health Division, Long Term Care Branch, Home Care Branch, Community Health and Social Services, and Family and Community Support Services, Seniors Services.

Pertinent information from the 125 newsletters we receive is shared through the Resource Centre's newsletter which is published every two months.

Contact has been maintained with the many recognized agencies consulted as we built the collection. Provincial, national and international conferences are attended to obtain resources and ideas in long term care.

The Resource Centres encourage students enrolled in gerontology programs throughout the province. Reference lists are compiled by our staff for training programs developed at Alberta Vocational Centre. Tutors in the Personal Care Aides and Home Support Aides programs use our materials.

THE FUTURE

We continue to improve subject access to our holdings by adding additional keywords and look forward to being able to do limited Boolean searching in 1992. We are exploring the feasibility of providing on-line access to the data base for some of our distant users.

We are preparing for our annual Day Seminar for Inservice Coordinators, which will be videotaped and made available to those unable to attend the sessions in Calgary in October. Topics will include interdisciplinary team functioning; lifting/transferring techniques; stress management for long term care staff; and a panel discussion entitled "Quality of life and quality of death".

To meet the challenge of more new workers from ethnic minorities, we are developing a handbook describing the beliefs and customs in the countries of origin of these new Canadians.

As we prepare for September-October, our "high season", we look forward to continuing province-wide services, and to receiving our rewards - the appreciative comments from clients as far afield as High Level in the north and Cardston in the south.

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PROJECTS OF THE HEALTH INFORMATION RESEARCH UNIT

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The Health Information Research Unit (HIRU) was established in early 1987 with funding from the Rockefeller Foundation as a unit of the Department of Clinical Epidemiology and Biostatistics of McMaster University. Its general objectives are to enhance the dissemination and application of validated health care knowledge and to develop and test innovative solutions to information problems that interfere with optimal health care. The key question for HIRU is "how can the knowledge of medicine be integrated more effectively and efficiently with the practice of medicine?" In an effort to address this, HIRU is involved in projects such as the improvement of reporting medical research, development of information resources for specific health care disciplines, evaluation of online bibliographic access, review and development of 'expert systems', and quality assurance interventions.

Studies have documented important problems in the consistency and accuracy with which health professionals collect, interpret, communicate and apply clinical and relevant research evidence in the care of patients and the preservation of health. Furthermore, there is a considerable lag time in the translation of relevant new findings into clinical practice that robs many patients of the benefits of biomedical research. The ongoing process in electronic organization of and access to information is a step towards overcoming some of the problems clinicians have in keeping up to date with important medical developments. HIRU strives to evaluate these technological innovations in information management and help clinicians make intelligent use of them in an attempt to improve their own and their patients' performance.

At McMaster University a survey was done in 1986 and again in 1989 of the Faculty of Health Sciences to see what clinicians were doing to help themselves.[1] Use of computer equipment, particularly microcomputers and modems, increased by about 20 % among full and part-time faculty. Furthermore, 30 % more people began doing their own MEDLINE searching and over 40 % were doing their own wordprocessing. In 1989 over 25 % of faculty reported they were using MEDLINE on CD-ROM and using electronic mail.

In an observational study conducted in 1987-88 of clinician MEDLINE searching in the departments of Medicine and Pediatrics, HIRU discovered that clinicians could do their own searching and were satisfied with the products of their searches, although when compared with librarians and experienced clinician searchers they retrieved less relevant and more irrelevant citations.[2] A follow-up study extended to physicians of all clinical departments tested a combined intervention of audit, feedback and

* This paper was presented at the 15th annual meeting of **CHLA/ABSC** June 15-19, 1991 in Hamilton, Ontario.

preceptorship to try and enhance clinician searching expertise. Analysis of findings regarding search performance is not completed yet, but preliminary results indicate that clinicians randomized to the intervention group searched more often than those in the control group.[3]

HIRU is also involved in evaluating bibliographic systems on behalf of clinicians. A study done in 1985 evaluated the 14 online systems available then for searching MEDLINE. The system offering the best combination of high yield and low cost was searching MEDLINE directly through the NLM.[4] This year the study has been updated to include all the currently available online routes and the CD-ROM products with their various versions of MEDLINE. The online systems included NLM direct mode; GRATEFUL MED for the PC and the Macintosh; BRS Search Service, After Dark and Colleague; DIALOG, DIALOG Medical Connection and Knowledge Index; DIALOG and BRS through ProSearch; Paperchase and Data-Star. The CD-ROM systems included Compact Cambridge, CD Plus, SilverPlatter, EBSCO, BiblioMed and ProMed from Healthcare Information Services, DIALOG OnDisc, and Aries Knowledge Finder. Eighteen clinical end-user searches from clinical questions and librarian searches based on the same questions were translated into search protocol language for each system and run by the study librarians. Each system vendor was invited to send a representative to run 12 of the 18 searches on their system. Data analysis is in progress. Systems are being evaluated for costs, times and features and the absolute number of relevant citations retrieved by the clinician, librarian and vendor searches will be calculated for each system. The results should identify a product with the best combination of low cost and time and high relevance of retrieval which can be recommended to clinical end-users.

Clinicians are taking advantage of the improved access to medical information, but keeping up to date does not end with access. A certain amount of critical appraisal of the literature must occur if the reader is not to be swamped in reading material.

The problem is trying to extract the relatively few clinically relevant papers applicable to a clinician's field of interest from the daunting amount of information, much of it clinically irrelevant, such as laboratory research, editorials, commentaries, case reports and uncontrolled studies. Critical appraisal involves a set of rules to employ when scanning journal articles to determine if they are worth reading; do they contribute to the understanding or management of human disease. Selection of articles should be made on the basis of the applicability to the patients seen by a clinician, and the adherence of the article to principles of common sense and science. For example, the key parts required by clinicians for selecting relevant and qualitative articles are 1) statement of an objective, 2) design of the study, 3) indication of the setting, 4) description of the patients or participants in the study, 5) explanation of the exact treatment or intervention, 6) main outcome measures, 7) main results, and 8) conclusions.[5]

Thorough, effective, critical appraisal takes time. The **ACP Journal Club** is a bimonthly supplement to the **Annals of Internal Medicine** which summarizes original studies and reviews literature in the form of structured abstracts written by trained

research assistants of HIRU. Subscribers to the **Annals** can quickly keep up to date with the well-designed studies in the field of internal medicine. The burden of critical appraisal is done for them. Furthermore, the **Annals of Internal Medicine** requires abstracts of studies submitted for publication be in a structured format and this practice has been adopted by several other journals. Readers can determine much faster if the article is pertinent to their practice.

For clinicians who do their own MEDLINE searching time can be saved by only retrieving citations to articles of relevance and methodologic rigor. There are several Medical Subject Headings (MeSH) available for applying as "quality filters" when performing a MEDLINE search, such as RANDOM ALLOCATION or SENSITIVITY AND SPECIFICITY, but there may be variation in interpretation of a study type and some concepts can only be represented by textwords, like 'inception cohort'. HIRU is in the process of developing "hedges" or pre-determined search strategies combining MeSH terms and textwords that will pinpoint retrieval of a MEDLINE search to highly relevant, well-designed studies and reviews. These will be developed for studies of therapy/prevention, etiology, diagnosis, prognosis and review articles. Proven strategies can be prestored in a search, such as GRATEFUL MED's GMTERMS.SYN file, and inserted with a few keystrokes.

Other ongoing projects conducted by HIRU include development and testing of artificial intelligence systems for medical care and a compliance survey of the prescription and taking of medication after myocardial infarction.

Further research planned by HIRU includes an evaluation of structured abstracts, comparing structured abstracts from the **ACP Journal Club** with original abstracts and assessing the indexing properties of structured abstracts.

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THE HEALTH SCIENCE INFORMATION CONSORTIUM OF TORONTO

Joan L. Leishman

Health Science Information Consortium of Toronto,
Toronto, Ontario

The Health Science Information Consortium of Toronto (The Consortium) was formed in January 1990 following more than two years of intensive study and planning. Since that time, through the collective efforts of the members, much has been accomplished. The purpose of this paper is to review those accomplishments and to highlight the organizational framework in which they have occurred.

MEMBERSHIP

The Consortium is a Toronto based organization which consists of 38 member institutions. The members include the University of Toronto Library, the Academy of Medicine Library, 11 fully affiliated teaching hospitals, 16 partially affiliated teaching hospitals and institutions, and 9 community hospitals. Every member, except for the Academy of Medicine, has a link with the University of Toronto. The teaching institutions are affiliated with the Faculty of Medicine; the community hospitals are institutional members of the University of Toronto library system.

All member institutions must have operating libraries staffed appropriately to provide full information services including collection development, reference, circulation and interlibrary loans. Each member institution is represented in the Consortium by its library manager.

PURPOSE

The Consortium is built around resource sharing. It is intended to provide a formal mechanism for efficiently sharing resources without burdening any one hospital member. The volume of interlibrary loan amongst the Consortium libraries is significant. Over 125,000 items per year are loaned or borrowed.

The basic rules of the Consortium for interlibrary loan are that all members request items from the University of Toronto (specifically the Science and Medicine Library) and the Academy of Medicine first, before requesting from each other; and all hospital members provide interlibrary loan services at no charge to all other members.

The Consortium is intended to implement technology and electronic links to facilitate this resource sharing arrangement and it is also intended to put whatever tools are necessary in place to allow for collection rationalization.

GOVERNANCE

The Consortium is constituted as an association of members, It is governed by a set of by-laws. A Board of Directors is responsible for policy decisions, financial

*This paper was presented at the 15th annual meeting of **CHLA/ABSC** June 15-19, 1991 in Hamilton, Ontario

affairs and budget formulation. The Board consists of 8 members plus the Executive Director as ex-officio. One of the members represents the University of Toronto, 1 is from the Academy of Medicine, 2 are from the hospital libraries, and the other 4 are from the health science world at large. At the present time the Board includes a senior hospital administrator, a representative from the Faculty of Medicine teaching staff, the Executive Director of the Hospital Council of Metropolitan Toronto, and a member of the Associated Medical Services Board. The Board meets two or three times per year.

The day to day operations of the Consortium is directed through a Management Committee which meets monthly. It consists of 3 hospital library representatives, 1 representative from the Science & Medicine Library at the University of Toronto and the Executive Director as an ex-officio member.

The Consortium Office includes the Executive Director and an assistant. It is presently located in the Sciences and Medicine Library at the University of Toronto but the bylaws would permit it to be located at any one of the members institutions or at any other location in Metropolitan Toronto.

Although the Consortium is constituted separately from the University Library system there is a link for personnel related matters. The Consortium Executive Director and Assistant fall under the personnel and benefits policies of the University of Toronto.

FINANCES

The Consortium is fee supported. Fifty percent (50 %) of the operating costs are covered by the fees paid by the University of Toronto; 50 % are paid by the other member libraries. The operating costs include the cost of running the Consortium office which includes salaries, office equipment, travel and education expenses.

The fees which the full and partially affiliated hospital member libraries pay also covers the cost of interlibrary loan photocopying and document delivery services from the University of Toronto up to a ceiling of 4000 items for fully affiliated institutions and 2000 items for partially-affiliated institutions. The hospital member fees for the 1990/91 fiscal year were $3500 for full teaching institutions, $2000 for partially affiliated teaching institutions and $500 for community hospitals.

The Consortium maintains its own bank account and investment deposits. Its budget is administered through its Board of Directors independently from that of the University of Toronto Library. This allows the Consortium to operate with a certain amount of autonomy while realizing the benefits of a close tie with the University of Toronto Library.

HISTORY

In order to show how the present organization evolved it is necessary to go back and outline some of the history which led up to the formation of the Consortium.

In 1988 a needs assessment study was commissioned and published as **Linking libraries: A needs assessment study for the development of a health science resources and information network for the Metropolitan Toronto area.**[1] During the course of the study, focus groups were held with hospital and university library staff, other health related consortia and networks were examined and recommendations were put in place for the governance and organization of a formal Toronto-based network. The recommendations made in **Linking libraries** concerning the establishment of a formal consortium of health sciences libraries were endorsed by the hospital librarians, the University of Toronto Library, the Faculty of Medicine and the Hospital Council of Metropolitan Toronto. To implement the recommendations and to formulate by-laws, a Consultative Committee was formed and worked throughout the latter part of 1988 and 1989.

As a result of the work of the Consultative Committee, in January 1990 the first Board Meeting was convened and an Interim Management Committee was appointed. The Consortium guidelines governing interlibrary loan came into force in January 1990 and the members began paying regular fees. The first official fiscal year of the Consortium began on May 1, 1990. In September 1990 the Executive Director was hired and in November 1990 the first annual general meeting was held.

1991 ACTION PLAN AND ACCOMPLISHMENTS

At the annual general meeting an Action Plan for 1991 was presented. The Action Plan included participation in the University of Toronto's proposed MEDLINE network, electronic mail connections, production of a continually updated union list of periodicals, programs to provide increased communication among the members, a monthly newsletter, involvement in the Faculty of Medicine's curriculum renewal plans, preliminary planning for a union catalogue of all holdings, and a review of **Linking libraries** recommendations regarding interlibrary loan procedures.

In order to assess the effectiveness of the Consortium and the progress being made to enable effective utilization of resources, some of the Action Plan items can be highlighted and reviewed. In November 1990 the University of Toronto introduced Phase I of its MEDLINE network and the full network is scheduled to be in place in August 1991. The Consortium libraries are participants in the network and will be provided with nominal-cost access. For some of the hospital libraries, the network will compliment end-user services that are already in place; for others, the network will provide the opportunity to offer services which were not previously possible.

The Consortium is pursuing a cooperative venture with the University of Toronto Health Libraries Association (THLA) to provide a continually updated union list of periodicals. A 1991 edition of the **Union List of Periodicals** has been produced and, under the direction of a joint THLA/Consortium committee, the Consortium Office will coordinate an ongoing continuous updating program. This is a first step in putting in place the tools necessary for both collection rationalization and effective resource sharing.

For many members of the Consortium, efficient and effective interlibrary loan procedures are a primary goal. To this end, a small subcommittee was formed in March 1991 to consider the Consortium's present interlibrary loan policies and to review their effectiveness after the first year of operation. This subcommittee put forward a number of recommendations which endorse most of the **Linking libraries** principles and suggested additional guidelines and standards to improve efficiency. These guidelines and standards will begin to be put in place during 1991 and 1992.

The Consortium has been a positive factor in increasing communication amongst the member libraries. Several members have participated on committees, a number of library open houses have been held, a monthly newsletter is published and the Consortium Office provides a single contact point through which to disseminate information. The interaction between the University of Toronto Library and the teaching hospital libraries is complicated by many factors including the size of the University, the number of players involved and the inherent differences between an academic library environment and a small, special library environment. The Consortium Office is intended to play a liaison role in this connection and has begun to do so in a number of areas by interpreting policy, communicating concerns and providing a forum for discussion.

Other 1991 Consortium activities have included joint purchases, library staff training, a review of criteria for membership, and plans to implement Consortium-wide copyright and verification guidelines. The Consortium Office has also facilitated the involvement of the Consortium hospital librarians in the University of Toronto Faculty of Medicine's curriculum renewal plans. The teaching hospital libraries, as well as the Science & Medicine Library, will be very much affected by the proposed self-directed learning curriculum to be put in place in 1992/93 and participation in the planning process positions them to anticipate and prepare for the change.

The Consortium represents libraries with diverse interests and these libraries vary considerably in their staffing levels and organizational structure. These differences present a challenge for the Consortium. The common element between the Consortium libraries is their clearly defined user community. The information needs of this community are what tie the libraries together. The user community includes medical students and faculty, nurses, allied health professionals and other medical and health science practitioners. As the concept of life-long learning becomes more and more a reality for all of these users and the demand for information increases, the Consortium's role will need to be continually assessed according to how effective it is in helping its member libraries meet the information needs of their users.

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PRELIMINARY RESULTS OF THE IMPACT OF THE HOSPITAL LIBRARY ON CLINICAL DECISION-MAKING STUDY

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Toronto, Ontario

BACKGROUND

Thank you for the opportunity to present some exciting preliminary results from our recently completed research project (Figure 1). Libraries of all types are under increasing pressure to evaluate their services. Hospital librarians in the Rochester, New York area have responded to this challenge by developing a research project that explores the impact of library services on clinical decision-making. In today's health care environment, we recognize that the impact of the information provided by the library on patient care is of ultimate importance.

A number of different approaches to evaluating library services have been taken in the past, and I would like to take just a moment to contrast our approach with some of these others. Library "input" measures have been used as a basis for quantitative and qualitative guidelines for library facilities, collections, staffing and services.

* This paper was presented at the 15th annual meeting of **CHLA/ABSC** June 15-19, 1991 in Hamilton, Ontario.

There have also been approaches that measure library service "outputs" such as reference service delivery rate and cost per item catalogued. Some value studies conducted by the Special Libraries Association have measured time saved, actual monetary savings for organizations and provided anecdotal evidence of value. Studies, such as ours, which examine the impact of the information provided by the library are still rare.

Our study was funded by the New York State Education Department, Division of Library Development, Hospital Library Services Program which is administered in the Rochester area by the Rochester Regional Library Council. An additional Research and Development Grant was received from the Medical Library Association. The study was endorsed by the Medical Society of the County of Monroe and the 7th District of the Medical Society of the State of New York. Senior staff members in each hospital also agreed to act as study facilitators.

STUDY DESIGN

Fifteen hospitals in the Rochester area were involved in the study which took place from September 1990 to March 1991 (Figure 2). Lists of all active physicians and residents were provided by the participating hospitals and a random sample of 448 names were selected.

The physicians were asked to request some information from their hospital library relating to a clinical situation. After receiving the information from the library, the physicians were then asked to complete

and return a questionnaire evaluating the impact of the information on their clinical decision-making.

Two hundred and twenty-one questionnaires were returned, of which 208 were usable. We consider this response rate of 46 % to be reasonable, given that we were asking physicians to do much more than answer a brief questionnaire.

Some important features that enhance the scientific validity of the study are the following:

1. the study involved libraries and physicians in 15 different hospitals, not just a single hospital.

2. an adequate sample size for statistical purposes was calculated based on a knowledge of the total population of hospital-affiliated physicians in the Rochester area.

3. physicians were randomly selected for the study, thus removing bias that might occur from including only regular library users.

4. the study was prospective rather than retrospective, so that the physicians did not have to remember the details of a previous request to the library.

5. the hospital librarians did not know the names of the physicians selected for the study, thereby ensuring that study requests were handled in the same way as regular requests.

6. the data collection and analysis were performed by a university-based researcher who had no connection with the libraries or hospitals involved in the study. In this way, we were able to guarantee the confidentiality and anonymity of the responses.

RESULTS

Three-quarters of the respondents (n = 156) were active physicians and one-quarter (n = 52) were residents, with a broad range of medical specialties represented (Figure 3). 95 % of the physicians said that the information provided by the library refreshed their memory of details or facts; 92 % said that the information contributed to higher quality patient care; 97 % said that it contributed to better informed clinical decisions; and 85 % said that it saved them time.

As a result of the information provided by the library, 80 % of the physicians said that they handled some aspect of the care of their patients differently than they would have handled it otherwise.

The following changes in specific aspects of patient care were reported by the physicians as a result of the information provided by the library (Figure 4):

* a change in diagnosis was reported by 29 %
* a change in the choice of tests was reported by 51 %
* a change in the choice of drugs was reported by 45 %

* a change in the choice of some other treatment was reported by 60 %
* a reduction in length of hospital stay was reported by 19 %
* a change in post-hospital care or treatment was reported by 39 %
* a change in the advice given to the patient was reported by 72 %

Physicians also said that the information provided by the library contributed to their ability to avoid the following (Figure 5):

* avoidance of hospital admission was reported by 12 %
* avoidance of additional tests or procedures was reported by 49 %
* avoidance of surgery was reported by 21 %
* avoidance of hospital acquired infection was reported by 8 %
* avoidance of additional outpatient visits was reported by 26 %
* avoidance of patient mortality was reported by 19 %

Since the last result about the contribution of the information provided by the library to the avoidance of patient mortality was quite dramatic and unexpected, the questionnaires of the 40 physicians involved were carefully re-examined. Nothing was found in the questionnaires to suggest that they were invalid in any way.

Physicians often use a number of different information sources for clinical decision-making (Figure 6). In this study, we were interested in determining physicians' perceptions of the relative importance of these sources. The information from the library was rated as 5 or higher on a 7 point scale (where 7 was of greatest importance) by 79 % of the physicians; diagnostic imaging was rated as 5 or higher by 71 % of the physicians; lab tests were rated as 5 or higher by 66 %; and discussion with colleagues by 74 %.

Physicians wrote many comments on the questionnaires, but we think that this quote best sums up the value of hospital libraries and their contribution to patient care:

"I believe that library service is an integral part of the hospital and an absolutely essential service. I would not want to practice in a hospital without a library, nor would I like to be a patient in one."

A full report of the study is being prepared for the **Bulletin of the Medical Library Association.** A letter about the study has been accepted by the editors of **JAMA** and should appear in September 1991.

** **NOTE** **

See page 106 for a Fact Sheet distributed by **Dr. Marshall** at the Conference. This information is also presented as a detached **Fact Sheet (# 11)** included with this issue of **BMC.**

FIGURE 1

The Impact of the Hospital Library on Clinical Decision-Making

FIGURE 2

Sample

15 hospital libraries

448 randomly selected physicians and residents

221 questionnaires returned

208 questionnaires usable

FIGURE 3

CLINICAL VALUE OF THE INFORMATION RECEIVED

Refreshed memory	**95%**
Higher quality pt care	**92%**
Better informed clinical decisions	**97%**
Saved time	**85%**

FIGURE 4

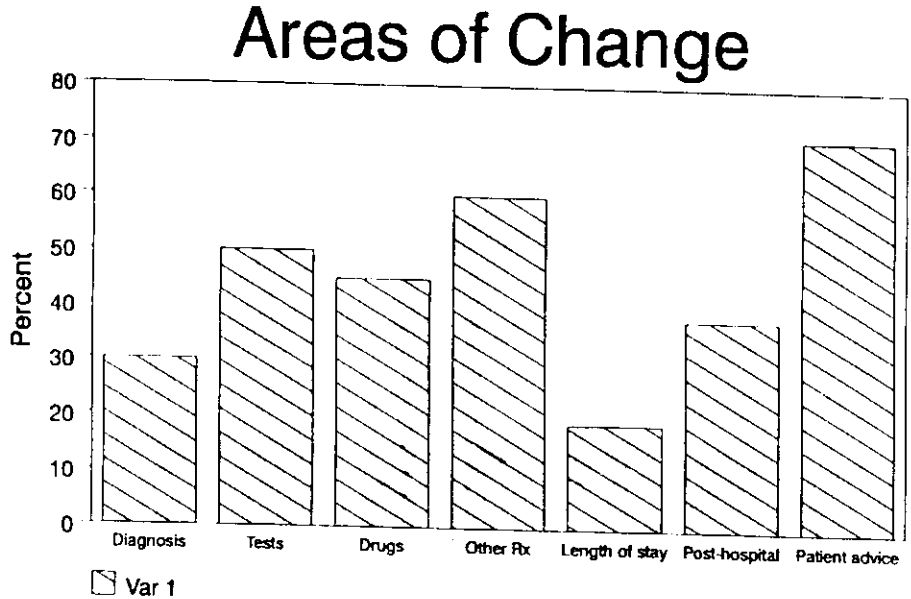


FIGURE 5

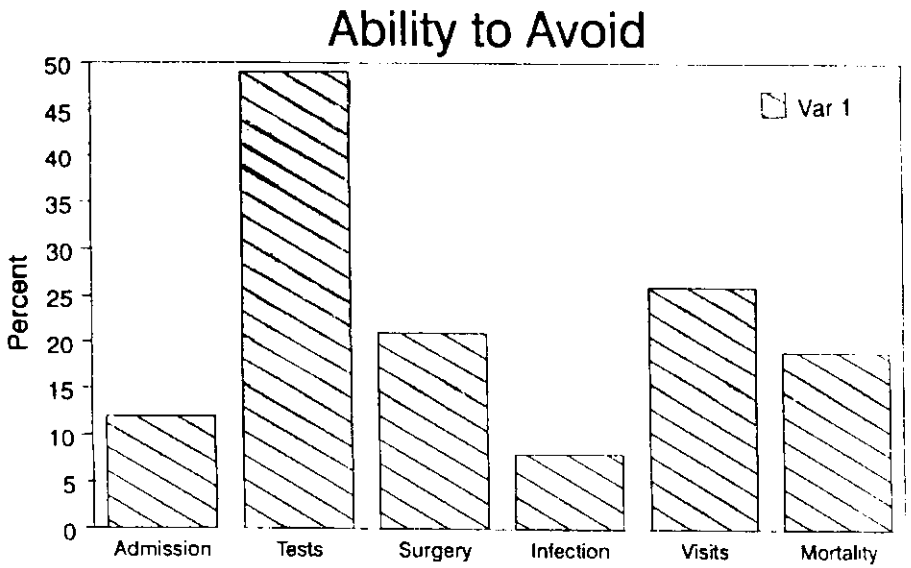
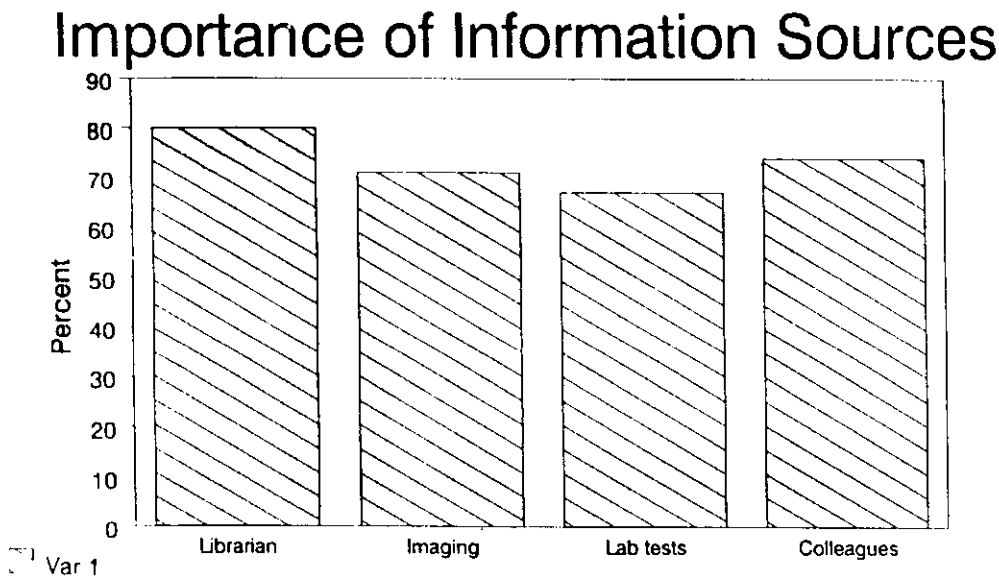


FIGURE 6



FACT SHEET # 11

THE IMPACT OF THE HOSPITAL LIBRARY

Joanne Marshall

Faculty of Library and Information Science
University of Toronto
Toronto, Ontario

In a recently completed scientific study, **97 %** of the 208 participating physicians said that the information provided by their hospital library contributed to **better informed clinical decisions.** Fifteen hospitals in the Rochester, New York area took part in the study.

As a result of the information provided by the library, **80 %** of the physicians said that they **handled some aspect of the care of their patients differently** than they would have handled it otherwise.The following changes in specific aspects of patient care were reported by the physicians as a result of the information provided by the library:

	Per cent of physicians reporting change
Diagnosis	29 %
Choice of tests	51 %
Choice of drugs	45 %
Reduced length of hospital stay	19 %
Changed advice given to patient	72 %

Physicians also said that the information provided by the library contributed to their ability to **avoid** the following:

	Per cent of physicians reporting ability to avoid
Hospital admission	12 %
Patient mortality	19 %
Hospital acquired infections	8 %
Surgery	21 %
Additional tests or procedures	49 %
Additional outpatient visits	26 %

On average, physicians rated the information provided by the library more highly than information sources such as diagnostic imaging, lab tests and discussions with colleagues.

The study was funded by the New York State Department of Education, Division of Library Development, Hospital Library Services Program which is administered in the Rochester area by the Rochester Regional Library Council. An additional Research and Development Grant was received from the Medical Library Association. The study was endorsed by the Medical Society of the County of Monroe and the 7th District of the Medical Society of the State of New York.

For further information contact **Kathy Miller**, Rochester Regional Library Council, 302 N. Goodman Street, Rochester, N.Y. 14607, (716)-461-5440 or **Dr. Joanne Marshall,** Research Director, Faculty of Library and Information Science, University of Toronto, 140 St. George Street, Toronto, Ontario, Canada M5S 1A1, (416)-978-4664.

FROM THE HEALTH SCIENCES RESOURCE CENTRE

M. Low

Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

WORKSHOP CANCELLATION AND PAYMENT POLICY

In an effort to ensure optimum opportunity for all clients interested in attending workshops, HSRC has adopted a new policy on workshop payment and cancellation.

The policy took effect September 1, 1991, and applies to all MEDLARS training workshops.

1. Advance registration is still required for all workshops. Places may be reserved by telephone, electronic mail or fax.

2. Prepayment for workshops is required. Prepayment options include:

   - charging to a MasterCard or VISA
   - charging to a NRCC deposit account
   - sending a cheque in advance

   Trainers are not authorized to accept cash or cheques at the workshop.

3. A minimum of 6 people is required for each workshop and HSRC reserves the right to cancel a workshop if there is insufficient registration. In the event that a workshop is cancelled, all prepayments will be fully refunded.

4. A reservation at a workshop may be changed or cancelled without penalty up to two days before the date of the workshop. After that date, cancellation and no-shows will be charged or billed the full amount.

Internet/BITNET

Clients can now send messages to HSRC electronically via Internet or BITNET. The addresses are:

Internet	HSRC@VM.NRC.CA
BITNET	HSRC@NRCVMO1

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

M. Low

Centre bibliographique des sciences de la santé
Institute canadien de l'information scientifique et technique
Ottawa, Ontario

ANNULATION DES COURS ET POLITIQUE DE PAIEMENT

Afin d'assurer le plus de chances possibles aux clients désireux de suivre les cours, le CBSS a adopté une nouvelle politique concernant le paiement et l'annulation des ateliers.

La politique est entrée en vigueur le 1er septembre 1991 et s'applique à tous les cours de formation MEDLARS.

1. Pour tous les cours, il faut s'inscrire encore à l'avance; on peut réserver une place par téléphone, courrier électronique ou télécopieur.

2. Il faut effectuer le paiement à l'avance. On peut choisir plusieurs méthodes:

   - imputer le montant a un compte MasterCard ou VISA.

   - imputer le montant à une compte de depôt CNRC.

   - envoyer un chèque encaissable avant le cours.

   Les instructeurs ne sont pas autorisés à accepter de l'argent liquide ou des chèques lors du cours.

3. If faut au moins six personnes pour chaque cours et le CBSS se réserve le droit d'annuler un atelier s'il n'y a pas un nombre suffisant d'inscriptions. Dans ce cas, tous les paiements anticipés seront entièrement remboursés.

4. On peut changer une réservation pour un cours ou l'annuler sans pénalité pourvu que soit au moins deux jours avant la date du cours. Après cette date, qu'il y ait annulation ou non-présentation au cours, le plein paiement sera exigé.

Internet/BITNET

Les clients peuvent maintenant envoyer électroniquement des messages au CBSS par l'entremise d'Internet ou le BITNET. Les addresses sont les suivantes:

Internet	HSRC@VM.NRC.CA
BITNET	HSRC@NRCVMO1

NEWS AND NOTES

PEOPLE ON THE MOVE

Yolande McArthur of the Dental Library of the University of Toronto is the first official **CHLA/ABSC** Board-appointed translator.

Inta Wychara has moved from the City of Toronto Department of Public Health Resource Centre to the York Region Public Health Department in Newmarket Ontario as of May 1991. She will be setting up a Resource Centre/Library for the Department.

Frances Groen was recently elected to serve as a Standing Committee member of the IFLA section on Biological and Medical Sciences for the period 1991-1995. **Groen**, a past-president of the Medical Library Association is currently Associate Director of Libraries at McGill University, Montreal, Canada, and a member of the Board of Directors of the Friends of the National Library of Medicine.

CALL FOR PAPERS

CHLA/ABSC 16th ANNUAL CONFERENCE
JUNE 6 - 10th, 1992
THE SHERATON WINNIPEG HOTEL
WINNIPEG, MANITOBA

"WORLDS TO EXPLORE"

The spirit of exploration which led to Columbus' voyage to the Americas is as important today as it was 500 years ago. At **CHLA/ABSC 1992**, we'll look at some of the challenges faced by health libraries as they develop effective strategies for dealing with today's changing worlds.

Papers are now being sought for the contributed papers session. A poster session is also being planned for you to share projects and research results in a more informal way with your colleagues. For more information please contact the programme co-chairs:

Dallas Bagby
Librarian
Carolyn Sifton Library
St. Boniface General Hospital
409 Tache Ave.
Winnipeg, Manitoba
R2H 2A6
ENVOY: ILL.MWHS

Bev Brown
Cataloguer, Medical Library
University of Manitoba
771 McDermot Ave.
Winnipeg, Manitoba
R3E 0W3
ENVOY: ILL.MWM

CHLA/ABSC/OHLA TELECONFERENCE SERIES

Spring Series 1992

Presented through Telemedicine Canada

Hospital Libraries Series Moderator: **Jill Faubert**
Sarnia General Hospital

Day and Time (E.S.T.): **Tuesdays 11:00 - 11:45 a.m.**

DATE	TOPIC	PRESENTOR
February 11, 1992	Copyrights and wrongs	Susan Merry
March 3, 1992	Collection evaluation in a small library	Karen Gagnon
April 7, 1992	AIDS and HIV literature	Patricia Shotton
April 28, 1992	Local Area Network: One hospital's experience	Lynn Elias
May 19, 1992	Queen's medical students survive in the Information Age	Suzanne Maranda
June 9, 1992	Update from the **CHLA/ABSC** Annual Meeting in Winnipeg, featuring the M.I.S. Task Force	**CHLA/ABSC** Board Members M.I.S. Task Force Members

POSITION AVAILABLE

ASSOCIATE LIBRARIAN

COLLEGE OF FAMILY PHYSICIANS OF CANADA

The College of Family Physicians of Canada is seeking an innovative and enthusiastic individual to fill the new position of Associate Librarian at its national office in Mississauga. The College also offers comprehensive library services from a base at the University of Western Ontario.

Position Description

- provides reference services to College staff, committees and members
- develops and manages a collection with emphasis on family practice/primary care educational theory, research, and health care delivery (approximately 40 journal titles, 600 books, and report collection)
- administers College archives program
- instructs College staff and members in the use of information technologies and bibliographic techniques

Qualifications

Essential: Master's degree from ALA accredited school
Fluency in both official languages
Excellent communications skills
Ability to work independently

Desirable: Experience in health libraries environment; archives management and microcomputer-based information technology

Please send resume and references before **October 31, 1991** to:

Mr. D.J.C. Steen
Director Of Administration
College of Family Physicians of Canada
2630 Skymark Avenue
Mississauga, Ontario
L4W 5A4

POSITION AVAILABLE

McGILL UNIVERSITY

LIFE SCIENCES AREA LIBRARIAN

McGill University is seeking a creative librarian for the senior management position of Life Sciences Area Librarian. This position reports to the Associate Director of Libraries and is one of four Area Librarian positions. The successful candidate will be responsible for the Health Sciences Library (220,000 + vols) and coordination of the Blacker-Wood Library of Biology (114,000 + vols.), the Macdonald Campus Library (Agriculture, 84,000 + vols.), and the Osler Library of the History of Medicine (42,000 + vols.) in an automated environment using NOTIS/McGill. The Life Sciences Area Librarian administers and allocates an annual budget of over 3 million dollars. The staff consists of 11.6 librarians and 31.6 library assistants. Collaboration with the teaching hospitals is an important component of this position.

Minimum qualifications are a graduate degree in library and information studies from an A.L.A. accredited school or equivalent and at least 10 years of experience as a librarian in progressively responsible positions. A subject Masters degree in a life sciences discipline will be an asset. Working knowledge of French is required, and fluency will be considered an asset. Certification as a medical librarian by the Medical Library Association is also desirable.

Salary and rank will be commensurate with experience. McGill University Librarians have academic status including eligibility for sabbatic leave and tenure. The initial appointment is for a five year period and is renewable.

Applications must be in writing including a curriculum vitae and names and addresses of three referees.

Please submit to: Frances Groen
Associate Director of Libraries
McGill University Libraries
3459 McTavish Street
Montreal, Quebec H3A 1Y1

Closing Date: December 15, 1991

In accordance with Canadian immigration requirements, this advertisement is directed in the first instance to Canadian citizens and permanent residents. The University is an equal opportunity employer.

THLA/CONSORTIUM UNION LIST OF PERIODICALS

The 7th edition of the Union List of Periodicals is now available. This edition is a joint project of the Toronto Health Libraries Association and the Health Science Information Consortium of Toronto; hence, the title change to **THLA/CONSORTIUM UNION LIST OF PERIODICALS.**

The 7th edition follows the same format as the 6th. It is 3-hole punched and includes a title page but not a cardboard cover. Fifty-eight Toronto area libraries have contributed their holdings to the list; four of these libraries have not previously been represented including Queen Street Mental Health Centre, Surrey Place Centre, University of Toronto Family and Community Medicine Department, and West Park Hospital.

PRICE: $50 (Contributors to the 7th edition)
$60 (Non-contributing THLA members)
$80 (Non-THLA members).

Prepayment is required (GST EXEMPT).
Please make cheque payable to: Health Science Information Consortium of Toronto

ORDER FROM: **Consortium Office, Attn. Jeannie An**
c/o Science & Medicine Library
University of Toronto
7 King's College Circle
Toronto, Ontario
M5S 1A5

UNION LIST OF SERIALS OF THE HEALTH LIBRARIES ASSOCIATION OF BRITISH COLUMBIA

The 3rd edition is now available. The price is $40. Please make cheques payable to Health Libraries Association of B.C.

ORDER FROM: **Health Libraries Association of B.C.**
c/o B.C. Medical Library Service
1807 West 10th Avenue
Vancouver, B.C.
V6J 2A9

The Montreal Health Libraries Association is proud to announce the publication of the third edition of:

UNION LIST OF SERIALS IN MONTREAL HEALTH LIBRARIES

This edition brings together the most up-to-date holdings of 68 libraries from the Montreal Health Libraries Association (MHLA) and l'Association des bibliothèques de la santé affiliées à l'Université de Montréal (ABSAUM). It contains 3997 titles reflecting the medical and allied health collections of the participating libraries.

Price: $ 55.00 (all contributing libraries) + $ 5.00 handling fee
$ 75.00 (all others) + $ 5.00 handling fee

L'Association des bibliothèques de la santé de Montréal (ABSM) est fière d'annoncer la publication de la troisième édition du

CATALOGUE COLLECTIF DES PERIODIQUES DANS LES BIBLIOTHEQUES DE SANTE DE MONTREAL

Cette édition comprend les collection mises-à-jour de 68 bibliothèques de l'Association des bibliothèques de la santé de Montréal (ABSM) et de L'Association des bibliothèques de la santé affiliées à l'Université de Montréal (ABSAUM). Elles contient 3997 titres qui reflétent les collection médicales et sciences connexes des bibliothèques participantes.

Prix: 55 $ (toutes les bibliothèques participantes) + 5 $ frais d'envoi
75 $ (autres) + 5 $ frais d'envoi

Faire votre chèque au nom du: Association des bibliothèques de la santé de Montréal.

ORDER FROM:
ENVOYER VOTRE COMMANDE A: Centre de documentation
Hôpital Marie-Enfant
5200 rue Bélanger est
Montréal, Qc
H1T 1C9

HEALTH SCIENCES DAY AT ASIS'91

Washington, D.C.

A number of key health sciences sessions are planned for October 30, 1991.

Tearing down the Tower of Babel: Strategies for cultural diversity in the collection and dissemination of health information (SIG/MED, SIG/III)

Plenary session. Dr. Donald A.B. Lindberg. Understanding information systems

Panning for gold: A workshop on research methodology filtering in the health sciences (co-sponsored by SIG/MED, SIG/IAE, and the Library Research Section of the Medical Library Association)

Other ASIS sessions of interest to those in the health sciences:

The unified medical language system project (SIG/ALP, SIG/CR, SIG/MED) (October 28)

Evaluating end-user search systems: A key to developing systems that understand people (October 29) (SIG/MED, SIG/FIS)

SIG/MED Business Meeting (October 29)

For further information about program and registration call, write or fax:

American Society for Information Science
8720 Georgia Ave., Suite 501
Silver Springs, MD 20910
Voice: (301) 495-0900
FAX: (301) 495-0810

For more information about the ASIS Special Interest Group on Medical Information Systems (SIG/MED), contact **Joanne G. Marshall**, SIG/MED Chair-elect, Faculty of Library and Information Science, University of Toronto, 140 St. George Street, Toronto, Ontario Canada M5S 1A1.

Nominations for the CHLA

AWARD OF OUTSTANDING ACHIEVEMENT

are now being received by the Board of Directors.

"To be eligible for the Award of Outstanding Achievement, a candidate must have made a significant contribution to the field of health sciences librarianship in Canada. The candidate's contribution must be of more than passing importance, interest, or local advancement. In addition, the candidate must fulfill at least one of the following:

1. *be currently registered as a member of the Association, OR*
2. *be currently employed as a health sciences librarian, OR*
3. *have been a health sciences librarian for part of a currently active career, OR*
4. *currently teach a formal course in health sciences librarianship, or have taught and made a significant contribution to the development of health sciences curricula."*

(Quoted from the **Canadian Health Libraries Association Executive Manual**, Appendix A)

Nominations must be made IN WRITING and mailed to:

Catherine Quinlan, Past-President
Director of Libraries
The D.B. Weldon Library
University of Western Ontario
London, Ontario
N6A 3K7

Nominations must provide specific examples of the nominee's contributions to the field of Canadian health sciences librarianship. A *curriculum vitae*, including publications of the candidate, should be included. **Nominations must be postmarked no later than February 1, 1992.**

Le Conseil d'Administration

accepte maintenant les mises en candidature pour le

PRIX D'EXCELLENCE DE L'ABSC/CHLA

"Pour être admissible, un candidat doit avoir fourni une contribution importante au domaine de la bibliothéconomie médicale au Canada. Cette contribution doit présenter un intérêt et un caractère durables, et doit dépasser le cadre local. De plus, le candidat doit satisfaire à au moins une des exigences suivantes:

1. *être membre en règle de l'Association, ou*
2. *travailler présentement comme bibliothécaire en sciences de la santé, ou*
3. *avoir oeuvré comme bibliothécaire spécialisé en sciences de la santé pour une partie de sa carrière en cours, ou*
4. *être présentement professeur attitré en bibliothéconomie médicale, ou avoir enseigné et avoir apporté une contribution valable au développement des programmes de Sciences de la santé."*

(Extraits du **Manuel de l'Exécutif, Association des Bibliothèques de la santé du Canada,** annexe A)

Les mises en candidature doivent être soumises PAR ECRIT à:

Catherine Quinlan, ex-président
Director of Libraries
The D.B. Weldon Library
University of Western Ontario
London, Ontario
N6A 3K7

Les candidatures seront accompagnées d'exemples spécifiques de la contribution du candidat à la bibliothéconomie médicale au Canada. On inclura un curriculum vitae énumérant les publications du candidat. **Les mises en candidature doivent être mises à la poste au plus tard le 1er février 1992.**

Nominations for

HONORARY LIFE MEMBERSHIP IN CHLA/ABSC

are now being received by the Board of Directors.

"To be eligible for Honorary Life Membership in the CHLA/ABSC, a candidate must have played an active role in the ... affairs of the Association, and fulfill the following:

1. *be at or near the close of an active career in health sciences librarianship,*
2. *hold a regular membership at the time of the nomination,*
3. *have made a significant contribution to the advancement of the purposes of the Association."*

(Quoted from the **Canadian Health Libraries Association Executive Manual**, Appendix B)

Nominations must be made IN WRITING and mailed to:

Catherine Quinlan, Past-President
Director of Libraries
The D.B. Weldon Library
University of Western Ontario
London, Ontario
N6A 3K7

A *curriculum vitae* and a statement of the candidate's contributions to, and activities within, the Association must be included. **Nominations must be postmarked no later than February 1, 1992.**

Le Conseil d'Administration

accepte maintenant les mises en candidature pour le statut de

MEMBRE HONORAIRE A VIE DE L'ABSC/CHLA

"Pour être admissible au statut de membre honoraire à vie de l'ABSC/CHLA, un candidat doit avoir joué un rôle actif dans les ... affaires de l'Association et satisfaire aux exigences suivantes:

1. *avoir atteint ou être près d'atteindre la retraite au terme d'une carrière active en bibliothéconomie médicale*
2. *être membre en règle de l'Association au moment de la mise en candidature*
3. *avoir apporté une contribution valable à l'avancement des causes soutenues par l'Association"*

(Extraits du **Manuel de l'Exécutif, Association des Bibliothèques de la santé du Canada**, annexe B)

Les mises en candidature doivent être soumises PAR ECRIT à:

Catherine Quinlan, ex-président
Director of Libraries
The D.B. Weldon Library
University of Western Ontario
London, Ontario
N6A 3K7

Les candidatures seront accompagnées d'une liste des contributions du candidat et de ses activités au sein de l'Association. **Les mises en candidature doivent être mises à la poste au plus tard le 1er février 1992.**

CHLA/ABSC STUDENT PAPER PRIZE

Eligibility:

The contest is open to all students in or recently graduated from a library or information sciences program, a library techniques program, or a program in a related faculty. Registered students may be full or part-time; graduate students should have completed their studies within one year of the competition's closing date of **April 30**. Articles submitted must be written while the student is enrolled in a program of study, or within one year of graduation. Multiple-author papers are eligible but in the event that such a paper is selected only one prize will be awarded, divided evenly amongst all authors. A statement by a faculty member verifying that the article was written in accordance with the above requirements must accompany each paper.

The prize winner must be willing to have the paper published in **Bibliotheca Medica Canadiana (BMC)**, the official journal of CHLA/ABSC.

Prize: $150.00 cash and free registration for CHLA/ABSC's Annual Conference. The winning paper will be published in **BMC**.

Content and Format:

The paper should provide an in-depth analysis of a topic in health sciences librarianship or information science of interest to CHLA/ABSC members. The paper should not exceed 20 double-spaced, typed pages and must be previously unpublished. All references should be given in the Vancouver style;see **Canadian Medical Association Journal** 1985; 132:401-5.

All entries will be blind-reviewed. Two copies of the manuscript should be submitted each with an accompanying cover sheet containing the following information: the article's full title, the name(s) of the author(s) and brief biographical sketch(es); degree program and institution of the author(s); home address(es) and phone number(s). Entries should be mailed to: **CHLA/ABSC Student Paper Prize, P.O. Box 434, Station K, Toronto, Ontario M4P 2G9**

Submissions must be postmarked no later than April 30, 1992.

Judging: A panel of judges comprised of the CHLA/ABSC CE Coordinator, the Editor of **BMC**, and one other person appointed by the President of CHLA/ABSC, will read and evaluate all entries for originality, value and relevance of the information presented, consistency and accuracy, style and readability, and suitability for publication. The decision of the judges is final. If, in the opinion of the judges no article submitted satisfies these criteria, the judges reserve the right not to select a winner. Announcement of the award will be made at the Annual General Meeting. The winner will be contacted prior to that date.

L'ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

PRIX DU MEILLEUR ARTICLE D'ETUDIANT

Admissibilité

Le concours est ouvert à tous les étudiants ou les diplômes récents des programmes de bibliothéconomie ou de sciences de l'information, de techniques documentaires, ou de programmes connexes. Les étudiants peuvent être inscrits à temps plein ou à temps partiel; les diplômes devraient avoir complété leurs études au plus tôt un an avant la date de clôture du concours, soit le **30 avril**. Les articles soumis doivent avoir été rédigés alors que le concurrent était encore aux études, ou au cours de la première année suivant la graduation.

Chaque article doit être accompagné d'une attestation d'un professeur, comme quoi il a été rédigé conformément aux directives ci-dessus. Les articles écrits en collaboration sont admissibles; cependant, si un tel article était choisi, un seul prix serait attribué et partagé également entre les coauteurs.

Le gagnant doit accepter que son article soit publié dans **Bibliotheca Medica Canadiana (BMC)**, le bulletin officiel de l'ABSC/CHLA.

Prix

Un montant de 150 $ et une inscription gratuite à la conférence annuelle de l'ABSC/CHLA. L'article gagnant sera publié dans **BMC**.

Contenu et format

L'article devrait fournir une analyse en profondeur d'un sujet d'actualité en bibliothéconomie ou en sciences de l'information, susceptible d'intéresser les membres de l'ABSC/CHLA. L'article ne devrait pas dépasser 20 pages dactylographiées à double interligne, et doit être inédit. Toutes les références doivent être présentées dans le style Vancouver; voir la **Revue de l'association médicale canadienne** 1985; 132:401-5.

Toutes les participations seront jugées impartialement. L'auteur doit soumettre trois copies du manuscrit avec une page de présentation pour chacune, comprenant les informations suivantes: le titre complet de l'article; le nom de l'auteur (et des coauteurs, s'il y a lieu), ainsi

que de brèves notices biographiques; le programme et l'institution auxquels l'auteur (les auteurs) se rattache(nt); les adresses et les numéros de téléphone.

On doit faire parvenir le tout à:

ABSC / CHLA
Concours du meilleur article d'étudiant
C.P. 434, Succursale K
Toronto, Ontario
M4P 2G9

Les mises en candidature doivent être mises à la poste au plus tard le 30 Avril 1992.

Jugement

Un panel composé du Coordonnateur, perfectionnement, de l'ABSC/CHLA, de l'éditeur du **BMC**, et d'une autre personne nommée par le président de l'ABSC/CHLA, lira et évaluera chaque participation quant à l'originalité, la valeur et la pertinence de l'information présentée, l'uniformité et la précision, le style et la lisibilité, et la convenance à la publication. La décision des juges sera irrévocable. Si aucun article ne satisfait à ces exigences, les juges se réservent le droit de ne pas choisir de gagnant.

L'annonce du prix sera faite à l'Assemblée générale annuelle. On communiquera avec le gagnant avant cette date.

CHLA/ABSC BOARD OF DIRECTORS

ADA DUCAS
CHLA/ABSC President (1990 -93)
Head, Science Library
211 Mackray Hall
University of Manitoba
WINNIPEG, Manitoba
R3T 2N2
Tel: (204) 474-8302
FAX: (204) 275-3492

CATHERINE QUINLAN
CHLA/ABSC Past President (1987 - 92)
Director of Libraries
The D.B.Weldon Library
University of Western Ontario
LONDON, Ontario
N6A 3K7
Tel: (519) 679-2111 ext 4802
ENVOY: CA.QUINLAN
BITNET: CQUINLAN@LIB.UWO.CA
FAX: (519) 661-3911

GEORGE BECKETT
CHLA/ABSC Treasurer (1991 - 93)
Health Sciences Library
Memorial University of
Newfoundland
Prince Philip Drove
ST. JOHN'S, NF
A1B 3V6
Tel: (709) 737-6624
ENVOY: NFSMM.ILL
FAX: (709) 737-6400

LESLIE SUTHERLAND
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John W. Scott Health Sciences Library
University of Alberta
2K3 28 Walter C. Mackenzie Centre
EDMONTON, Alberta
T6G 2R7
Tel: (403) 432-5154
ENVOY: AEU.JWSCOTT
FAX: (403) 492-6960

LINDA WILCOX
CHLA/ABSC CE Coordinator (1990 - 92)
Director, Shared Library Services
South Huron Hospital
24 Huron Street West
EXETER, Ontario
N0M 1S2
Tel: (519) 235-2700 ext.49
ENVOY: LM.WILCOX
FAX: (519) 235-3405

JILL FAUBERT
CHLA/ABSC Publicity/Public Relations(1991-1993)
Medical Library
Sarnia General Hospital
220 N. Mitton Street
SARNIA, Ontario
N7T 6H6
Tel: (519) 383-8180 ext 5251
ENVOY: JILL.FAUBERT
FAX: (519) 336-1293

BMC STAFF

DIANE JEWKES, *Editor*, **BMC**
Resource Centre
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435 Grand Avenue West
CHATHAM, Ontario
N7M 5L8
Tel: (519) 352-7270 ext.249
ENVOY: D.JEWKES
FAX: (519) 352-2166

PETER SCHOENBERG, *Asst. Editor*, **BMC**
Glenrose Rehabilitation Centre
10947-66th Ave
EDMONTON, Alberta
T6H 1Y3
Tel: (403) 471-2262 ext 2599
FAX: (403) 471-7976

BMC CORRESPONDENTS

Central Ontario Health Libraries Assoc.
Christie Macmillan
Orillia Soldiers' Memorial Hospital
Tel: (705) 325-2201 x220
ENVOY: OSMH.LIB
FAX: (705) 325-4583

Health Libraries Assoc. of B.C.
Andy Stefanelli
Registered Nurses Assoc. of B.C.
Vancouver
Tel: (604) 736-7331
ENVOY: RNABC.LIB

Kingston Area Health Libraries Assoc.
Barbara Carr
St. Lawrence College, Kingston
Tel: (613) 544-5400

London Area Health Libraries Assoc.
Mai Why
London Psychiatric Hospital, London
Tel: (519) 455-5110 x2167

Maritimes Health Libraries Assoc.
Anne Kilfoil
Saint John Regional Hospital
Saint John, N.B.
Tel: (506) 648-6763
ENVOY: SJRH.LIB
FAX: (506) 648-6282

Northern Alberta Health Libraries Assoc.
Gail Moores
Charles Camsell Hospital
Edmonton
Tel: (403) 453-5581
FAX: (403) 453-6565
ENVOY: CAMSELL.LIB

Northwestern Ont. Health Libraries Assoc.
Sylvia Wright
St. Joseph's General Hospital,
Thunder Bay
Tel: (807) 343-2431

Saskatchewan Health Libraries Assoc.
Terry Bouchard-DeVenney
Regina General Hospital
Tel: (306) 359-4514
ENVOY: ILL.SRG
FAX: (306) 359-4723

Southern Alberta Health Libraries Assoc.
Jean Finley
Long Term Care Resource Centre
Calgary
Tel: (403) 267-2942
ENVOY: ILL.ACLTC
FAX: (403) 267-2968

Toronto Health Libraries Assoc.
Anne Kubjas
Toronto, Ont.
Tel: (416) 691-9244

Wellington/Waterloo/Dufferin Health Library Network
Dee Sprung
Freeport Hospital, Kitchener
Tel: (519) 893-2710 x7174
FAX: (519) 893-2625

Windsor Area Health Libraries Assoc.
Anna Henshaw
Salvation Army Grace Hospital, Windsor
Tel: (519) 255-2245
FAX: (519) 255-2458

CHLA/ABSC MEMBERSHIP FORM

NEW MEMBER _____ RENEWAL _____

MEMBERSHIP CATEGORIES (please check one):

Regular:	$45.00	_____	Student:	$25.00	_____
Institutional:	$65.00	_____	Sustaining:	$2500.00	_____
Emeritus:	$25.00	_____	BMC Subscription Only:	$55.00	_____

Please fill in the following information as it is to appear in the Directory:

Name: _____
last first

Library: _____

Institution: _____

Address: _____
number street unit #

_____
city province postal code

Mailing address (if different from above):

_____

_____

Business telephone: ( ) _____
area code number extension

ENVOY code: _____ FAX number: _____

Fees paid by: a) employer _____ b) self _____

Employer: Hospital ____ Academic ____ Gov't ____ Corporate ____

Other (please specify): _____

PREPAYMENT IS REQUIRED. PLEASE PAY IN CANADIAN FUNDS.
MEMBERSHIP YEAR EXTENDS FROM JUNE 1ST TO MAY 31ST.
Cheques payable to: CANADIAN HEALTH LIBRARIES ASSOCIATION.
Return to: CHLA/ABSC, P.O. Box 434, Station K, Toronto, Ontario. M4P 2G9

ABSC/CHLA FORMULAIRE D'ADHESION

NOUVEAU MEMBRE ____ REABONNEMENT _____

CATEGORIES D'ADHESION (prière de cocher):

Membre régulier:	$45.00	____	Membre étudiant:	$25.00	____
Membre institutionnel:	$65.00	____	Patron:	$2500.00	____
Membre émérite:	$25.00	____	Abonnement BMC seulement:	$55.00	____

Prière de donner les renseignements suivants tels qu'ils doivent apparaître dans l'annuaire:

Nom et prénom: _____

Bibliothèque: _____

Institution: _____

Adresse: _____
numéro rue bloc/appartement

_____
ville province code postale

Adresse pour la correspondance (si elle diffère de la précédente):

_____

_____

Téléphone de bureau: (___) _____
code régional numéro poste

ENVOY: _____ Numéro FAX: _____

Inscription payée par: a)employeur _____ b)vous-même _____
Employeur:Hôpital _____ Académie _____ Gouvernement _____ Corporate _____
Autre (prière de spécifier): _____

PAIMENT D'AVANCE REQUIS.
ADHESION D'UN AN A COMPTER DU PREMIER JUIN JUSQU'AU TRENTE-UN MAI.
Libeller le chèque à l'ordre de: L'ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA.
Renvoyer à: ABSC/CHLA, B.P. 434, Succursale K, Toronto, Ontario. M4P 2G9

Canadian Health Libraries Association
Association des bibliothèques de la santé du Canada

FACT SHEET NO. 11*

THE IMPACT OF THE HOSPITAL LIBRARY

In a recently completed scientific study, **97%** of the 208 participating physicians said that information provided by their hospital library contributed to ***better informed clinical decisions.*** A combination of 15 urban and rural hospitals in the Rochester, New York area took part in the study.

As a result of the information provided by the library, **80%** of the physicians said that they ***handled some aspect of the care of their patients differently*** than they would have handled it otherwise.

The following **changes** in specific aspects of patient care were reported by the physicians as a result of the information provided by the library:

	Per cent of physicians reporting change
Diagnosis	29%
Choice of tests	51%
Choice of drugs	45%
Reduced length of hospital stay	19%
Changed advice given to the patient	72%

Physicians also said that the information provided by the library contributed to their ability to **avoid** the following:

	Per cent of physicians reporting ability to avoid
Hospital admission	12%
Patient mortality	19%
Hospital acquired infection	8%
Surgery	21%
Additional tests or procedures	49%
Additional outpatient visits	26%

On average, physicians rated the information provided by the library more highly than other information sources such as diagnostic imaging, lab tests and discussions with colleagues.

The study was funded by the Hospital Library Services Program which is administered in the Rochester area by the Rochester Regional Library Council. An additional Research and Development Grant was received from the Medical Library Association. The study received the support of the Medical Society of the County of Monroe and the Seventh District of the Medical Society of the State of New York.

*This fact sheet is based on results of *The Impact of Information on Clinical Decision-making Study* conducted in the Rochester area between September 1990 and March 1991. A paper describing the study in more detail is being prepared for submission to the **Bulletin of the Medical Library Association**. For further information contact: Dr. Joanne Marshall, Research Director, Faculty of Library & Information Science, University of Toronto, 140 St. George St., Toronto, ON, Canada M5S 1A1, (416)978-4664

Issued with **BMC 13(2), 1991.** This fact sheet may be copied with acknowledgement.

P.O. Box 434, Station K, Toronto, Ontario M4P 2G9
Envoy: CHLA